CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informa	tion						
For Fiscal Year Beginnii	ng (mm/dd/yyy	y) 01/01/2020	and Ending (mm/d	d/yyyy) 12/31/2	020		
Check if Applicable: Address Change	Name of Org ALCOHO	anization: DL AND DRUG C	OUNCIL OF TO	MPKINS COU	Employer Identi 16-09	fication Number (EIN): 0 6 0 2 4	
Name Change Initial Filing	Mailing Addr 201 EA	ess: AST GREEN STR	EET, NO. 500		NY Registration $03-69-4$		
Final Filing Amended Filing	City / State / ITHACA				Telephone: 607 274	-6288	
Reg ID Pending	Website: WWW • AL	COHOLDRUGCOU	NCIL.ORG		Email:		
Check your organization	ı's						
registration category:	7A or	nly EPTL only	X DUAL (7A & EPTL			ation Category in the www.charitiesNYS.com .	
2. Certification							
See instructions for cert two signatories.	ification require	ements. Improper certifica	ation is a violation of law	that may be subject to	penalties. The c	ertification requires	
		rjury that we reviewed thi t and complete in accorda			licable to this rep		
President or Authorized	d Officer:	Х		EXECUTIVE D		X	
					and Title	Date	
		olghatare		MICHELLE FL		Date	
Chief Financial Officer	or Treasurer:	X		TREASURER		Х	
		Signature			Print Name and Title Date		
3. Annual Reportin	g Exemptio	on					
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.							
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.							
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.							
4. Schedules and	Attachment	S					
See the following page for a checklist of schedules and attachments to	Yes X		anization use a professio activity in NY State? If ye		-	commercial co-venturer	
complete your filing.	X Yes	No 4b. Did the organ	nization receive governm	ent grants? If yes, com	plete Schedule 4	·b.	

5.	Fee

See the checklist on the	7A filing fee:		EPTL filing fee:		Total fee:		Make a single check or money order		
next page to calculate your							payable to:		
fee(s). Indicate fee(s) you							payable to.		
	<u>م</u>	25.	<u>م</u>	250	h	275.	"Department of Law"		
are submitting here:) ⊅	4J.	⊅	250.	⊅	2/3.			

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

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ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.

CHAR500 Annual Filing Checklist Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

X Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support is less than \$250,000 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov *Is my Registration Category 7A, EPTL, DUAL or EXEMPT?* Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

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2 2020.04020 ALCOHOL AND DRUG COUNCIL

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CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information Name of Organization: ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC. 03-69-44

2. Government Grants

Name of Government Agency	Amount of Grant			
1. TOMPKINS COUNTY COMMUNITY JUSTICE CENTER	1.	1,144.		
2. TOMPKINS COUNTY TREATMENT COURTS	2.	11,402.		
3. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	3.	12,593.		
4. TOMPKINS COUNTY STOP DWI	4.	15,000.		
5. TOMPKINS COUNTY GENERAL FUND	5.	72,780.		
6. U.S. DEPARTMENT OF LABOR	6.	103,108.		
7. NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPO	7.	325,878.		
8. NEW YORK STATE DEPARTMENT OF HEALTH	8.	4,930,614.		
9.	9.			
10.	10.			
11.	11.			
12.	12.			
13.	13.			
14.	14.			
15.	15.			
Total Government Grants:	Total:	5,472,519.		

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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.

Туре о				Taxpaye	ridentification	number (TIN)
print						C004
File by the			iona		16-090	6024
due date filing your return. Se	201 EAST GREEN STREET, NO.		ions.			
instruction		oreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1
Applica	ation	Return	Application			Return
Is For	· · · · · · · · · · · · · · · · · · ·	Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	00-T (trust other than above) DIRECTOR OF FII	06	Form 8870			12
Tele If the If thi box b I l thi thi thi I	books are in the care of ▶ 201 EAST GREEN bohone No. ▶ (607)274-6288 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until the organization named above. The extension is for the organization is for the organization and above. The extension is for the organization the organization named above. The extension is for the organization the tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period	s in the Uni Group Exe and atta NOVEN anization's	Fax No. ►	f this is fo all memb	r the whole gro ers the extension opt organizatio	oup, check this on is for.
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter anv	refundable credits and			<u> </u>
	stimated tax payments made. Include any prior year overp			3b	\$	Ο.
	alance due. Subtract line 3b from line 3a. Include your pa					
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
instruct				53-EO an	d Form 8879-E	O for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 88	68 (Rev. 1-2020)

023841 04-01-20

				ENDED TO NO				
	0	00	Return of C	Organizatior	n Exempt I	From I	ncome Tax	OMB No. 1545-0047
For	пY	90	Under section 501(c), 527					ns) 2020
			Do not enter	social security num	bers on this form	as it may l	be made public.	Open to Public
Depa Interi	ntment o nal Reve	of the Treasury enue Service	Go to www	w.irs.gov/Form990 fo	or instructions an	d the lates	t information.	Inspection
AF	or th	e 2020 calend	ar year, or tax year beginn	ing	and	lending		
Β	Check if	C Name of	organization				D Employer identifie	cation number
a	pplicab	ALCO	HOL AND DRUG C	COUNCIL OF				
	Addre		KINS COUNTY, I	INC.				
	Name	ge Doing bi	usiness as				16-09060	24
	Initial returr	Number	and street (or P.O. box if mai	il is not delivered to stre	et address)	Room/suite		
	Final returr		EAST GREEN STR	EET		500	(607)274	
	termin ated	City or t	own, state or province, cour	ntry, and ZIP or foreig	gn postal code		G Gross receipts \$	6,595,979.
	Amer returr		CA, NY 14850				H(a) Is this a group re	
	Appli tion pendi	F Name a	nd address of principal offic	er: ANGELA SU	LLIVAN		for subordinates	? Yes 🔀 No
		SAME	AS C ABOVE				H(b) Are all subordinates in	cluded? Yes No
		empt status:			o.) 4947(a)(1)	or 527	- '	list. See instructions
			ALCOHOLDRUGCOU		h		H(c) Group exemptio	
			X Corporation Trust	Association	Other 🕨	L Year	of formation: 1965	A State of legal domicile: NY
Pa	art I							
e	1		e the organization's missior					
anc			Y TO PEOPLE ST					
ern	2	Check this bo					e than 25% of its net ass	_
Š	3		ing members of the governi					7
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		ependent voting members of			27		
ies	5		of individuals employed in c			8		
Activities & Governance	6	Total number	of volunteers (estimate if ne	cessary)			0.	
Ac			d business revenue from Pa					0.
		Net unrelated	business taxable income fro	un Funn 990-1, Fan		<u></u>	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h	a)			954,081.	5,844,576.
ani	9		ce revenue (Part VIII, line 2g	<b>`</b>			747,288.	751,231.
Revenue	10	•	come (Part VIII, column (A), I				433.	172.
Be	11		(Part VIII, column (A), lines				0.	0.
	12		- add lines 8 through 11 (mu				1,701,802.	6,595,979.
	13		nilar amounts paid (Part IX,				0.	0.
			to or for members (Part IX, c				0.	0.
6	45		compensation, employee b				1,203,632.	1,203,886.
Expenses	16a		undraising fees (Part IX, colu				0.	0.
per	b		ng expenses (Part IX, colum		46,8	46.		
ŭ	17		es (Part IX, column (A), lines				954,869.	954,732.
	18		s. Add lines 13-17 (must eq				2,158,501.	2,158,618.
	19		expenses. Subtract line 18 f				-456,699.	4,437,361.
or Sec						В	eginning of Current Year	End of Year
Net Assets or	20	Total assets (F	art X, line 16)				688,595.	5,297,750.
ASS	21						203,055.	374,849.
INet	22	Net assets or	fund balances. Subtract line	e 21 from line 20			485,540.	4,922,901.
Pa	art II	Signature	Block					
Und	er pen	alties of perjury,	declare that I have examined t	his return, including acc	companying schedule	es and statem	ents, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other	than officer) is based or	n all information of w	hich prepare	r has any knowledge.	
		X					X	

		Λ	$\mathbf{\Lambda}$						
Sign		Signature of officer			Date				
Here		· · · · · · · · · · · · · · · · · · ·	TIVE DIRECTOR						
		Type or print name and title							
	Prir	nt/Type preparer's name	Preparer's signature/	Date		Check	PTIN		
Paid	D.	LESLIE SPURGIN	D. Leshe Spuren	09/27/2	2021	it self-employed	P0142629	5	
Preparer	Firr	n's name 🍗 INSERO & CO. CPA	AS, LLP //		Firm's	ein ▶ 47	-5324570		
Use Only	Firr	n's address 20 THORNWOOD DR.	, SUITE 200						
		ITHACA, NY 14850			Phone	no. (607	) 272-44	44	
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)								
~									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	<u>990 (2020)</u> TOMPKINS COUNTY, INC. 16-0906024 Page 2
Pa	t III Statement of Program Service Accomplishments
	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 PEOPLE STRUGGLING WITH
	ADDICTION AND STRENGTHENS OUR COMMUNITY THROUGH PREVENTION AND
	EDUCATION PROGRAMS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses 1,597,062. including grants of ) (Revenue 728,366.
	OUTPATIENT CLINIC - THE OUTPATIENT CLINIC OFFERS COMPREHENSIVE
	EVALUATIONS AND TREATMENT OPTIONS FOR INDIVIDUALS, FAMILY MEMBERS, AND
	CONCERNED OTHERS, REGARDING THE USE OF ALCOHOL AND DRUGS.
	THE OUTPATIENT CLINIC IS FUNDED AND REGULATED BY THE NYS OFFICE OF
	ADDICTION SERVICES AND SUPPORTS. OUR PHILOSOPHY IS BASED ON THE
	PREMISE THAT ADDICTION IS A TREATABLE DISEASE THAT HAS BIOLOGICAL,
	PSYCHOLOGICAL, SOCIAL AND SPIRITUAL COMPONENTS. ACCORDINGLY, WE HAVE
	DESIGNED OUR TREATMENT PROGRAMS TO ADDRESS THOSE FOUR FACTORS.
	140.045
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$] (Revenue \$) (Revenue \$
	EDUCATION AND PREVENTION - THE EDUCATION AND PREVENTION ACTIVITIES OF
	THE ORGANIZATION ARE MEANT TO RAISE AWARENESS WITHIN THE COMMUNITY
	ABOUT THE DISEASE OF ADDICTION AND TO PREVENT ITS SPREAD. ACTIVITIES INCLUDE OUTREACH TO THE COMMUNITY ON VARIOUS TOPICS RELATED TO
	SUBSTANCE USE TAILORED TO MEET SPECIFIC NEEDS. OUTREACH IS ACHIEVED VIA
	PRESENTATIONS, PANEL DISCUSSIONS, WEBSITE AND SOCIAL MEDIA PRESENCE,
	PUBLIC SERVICE ADVERTISING, ETC. THE ORGANIZATION OFFERS THE BASICS
	(BRIEF ALCOHOL SCREENING AND INTERVENTION FOR COLLEGE STUDENTS)
	PROGRAM. BASICS IS AN EVIDENCE-BASED PROGRAM FOR PEOPLE AGED 18 TO 24
	YEARS AND USES A HARM REDUCTION APPROACH TO MOTIVATE STUDENTS TO REDUCE
	ALCOHOL USE AND TO MAKE BETTER ALCOHOL-RELATED DECISIONS.
	ALCONOL ODD AND TO MAKE DETTER ALCONOL KEDATED DECIDIOND:
40	(Code:) (Expenses \$10,821. including grants of \$) (Revenue \$22,765.
40	IMPAIRED DRIVER PROGRAMTHE ORGANIZATION ADMINISTERS THE IMPAIRED
	DRIVER PROGRAM WHICH IS A NYS DEPARTMENT OF MOTOR VEHICLES PROGRAM FOR
	PEOPLE CHARGED WITH IMPAIRED DRIVING OFFENSES. THE GOAL OF THIS PROGRAM
	IS TO PREVENT REPEAT IMPAIRED DRIVING OFFENSES. THE PROGRAM HELPS
	MOTORISTS EXAMINE THEIR ARREST EXPERIENCE AND THE FACTORS THAT LED TO
	IT AND HELPS THEM MAKE APPROPRIATE DRIVING DECISIONS IN THE FUTURE. IT
	IS TAUGHT BY DMV-APPROVED INSTRUCTORS.
44	Other program services (Describe on Schedule O.)
-τu	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ▶ 1,756,830.
	Form 990 (2020
03000	2 12-23-20
20200/	

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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
7	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>A</u>
α	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	UPPI		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
)32003	12-23-20	Form	<b>990</b> (	2020)

ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.

Part IV         Checklist of Required Schedules (continued)         Yes         No.           22         Dd the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, climit OA, line 53, 47, 97, 27, complete Schedule / Park and III.         22         X           23         Dd the organization arey "Yes" to Part IV, U. Section A, line 34, or 5 about compensation of the organization's current and former offices, directors, functions, like each and highest compensation of the organization in the site accentrate motion of more than \$50,000 as of the schedule J and the organization material as excerned bond face were than a relating period amount of more than \$50,000 as of the Schedule J (Y hos' po to into 28.000 accord)         244         245           24         Dd the organization material are accord bond beyond a temporary period exception?         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         246         256         X         246         256         X         246         256         X         246         256         X         256         X         256         X		<u>990 (2020)</u> TOMPKINS COUNTY, INC. 16-090	6024	Р	age <b>4</b>
22       Did the organization opport more than 55:000 of grants or other assistance to or for domestic individuals on Part K, complete Schedule I, Part A and M       22       X         23       Did the organization answer: Yes' to Part MI, Section A, line 3, 4, or 5 about compensation of the organization a current and forms offens, directors, trustees, key employees, and highest compensated employees? If Yes, "complete Schedule J, Mi Yes," to part A and Complete Schedule J, Mi Yes, "a complete Schedule J, Mi Yes," to part Yes, "and Complete Schedule J, Mi Yes," to part Yes, "and Yes, Yes," to Yes, "and Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,	Par	t IV Checklist of Required Schedules (continued)			
Part K, column (A), line 27, if "Yes," completes Schedule I, Part I and III.       22       X         23       Did the organization answer" "view" to Part VI. Schedule A, Ima 3, 4, or Subuct compensation of the organization a current schedule J.       23       X         24a       Did the organization invest as a second bound state with an outbanding principal amount of more than \$100,000 as of the last day of the yaar, that was insued after December 31, 20027 if "Yes," complete Schedule J.       24a       X         24a       Did the organization invest as in second account the than a refuturing second at simple second at sim				Yes	No
23         Did the organization answer "Yes" to Park IVL Section A, line 3, 4, or 5 about compensation of the organization is current and former effices, directors, trustees, key employees, and highest compensated employees? If 'Yes, "complete Schedule J.         24         Did the organization have a tax exempt bond issue with an outstanding pincipal anount of more than 5100,000 as of the last day of the organization matrix any proceeds of tax-exempt bonds leyering at anount of more than 5100,000 as of the schedule K. If 'No," go to line 25a         24a         X           40         Did the organization matrix any proceeds of tax-exempt bonds leyering at any time during the year?         24a         X           50         Did the organization matrix any proceeds of tax-exempt bonds?         24a         X           50         Did the organization matrix any proceeds of tax-exempt bonds?         24d         X           50         Section 50(16), 50(16), 40(16), 400(16), 50(16), 400(16), 50(16), 400(16), 50(16), 400(16), 50(16), 400(16), 50(16), 50(16), 400(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50(16), 50	22				
and former officers, directors, trustees, key employees, and highest compensated employees?     # 'Yes, ' complete       24a     Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the organization interial any proceeds of tax exempt bonds beyond a temporary period exception?     24a       24b     Did the organization interial any proceeds of tax exempt bonds beyond a temporary period exception?     24a       25a     Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization employe and the thin a relativity period exception?     24a       25a     Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization empage in a excess benefit transaction with a disqualified person in a prior year, and that the transaction have the argent of the organization empage in a excess benefit transaction with a disqualified person in a prior year, and that the transaction have the organization with a disqualified person in a prior year, and that the transaction have that year of the organization temporary prior form 500 500 500.1 J '''ss, ' complete Secture 1. Part 1       25a     Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or any office person? I '''ss, ' complete Schedule L, Part I       27b     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 orthoger, trustee, key employee, trustee integration without of the lowes aparotable K. Part I       27b			22		<u> </u>
Schedule /         23         X           44a         Det the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule K, H'No," go to line 25a.         24a         X           24b         Det the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?         24a         X           24b         Det the organization marks any encode of tax-exempt bonds beyond a temporary period exception?         24b         24b           25         Section 50(16)(3), 50(16)(4), and 50(16)(29) organizations. Dut the organization args in an excess tenefit transaction with a disqualified perion during the year?         24d         25a           25         Section 50(16)(3), 50(16)(4), and 50(16)(29) organization. Socies the fits markstick in the transaction has not been reported on any of the organization space to the organization args in an excess tenefit transaction is a programation. The organization args in an excess tenefit transaction is a programatic in provide space to any of the organization provide space to any others args of the organization provide args of taxes persons? If "Yes," complete Schedule I, Part I         25a         X           26         Det the organization provide args of tamily marther of any of these persons? If "Yes," complete Schedule I, Part II         25a         X           27         Det the organization provide args or theme statistance to any current or former ofform, ofform, organization args or theme previde schedule I, Part II         25a         X           27	23				
24a Ddt he 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 TNA," to other 25a       24a       X         25a Declark, K, If TNA," to other 25a       24a       X         25a Declark, K, If TNA," to other 25a       24a       X         25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization orgage in an excess benefit transaction with a disqualified preson in a prior year, and that the transaction with a disqualified preson in a prior year, and that the transaction was net been reported on any of the organization or prior 500 (2027). If 'Yes,' complete Schedule L, Part I       25b       X         25a Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, kay employee, creator or founder, substantial controllar, or 355 controlled entity or founder or of there organization any of these parsons? If "Yes," complete Schedule L, Part II       26a       X         25b Did the organization provid a grant or other assistance to any current or former officer, director, trustes, kay employee, creator or founder, substantial contributor or angloyee thereof, a grant selection committee member, or to a 355 controlled entity of churches, part of the same status and/or organization controls. Circled L, Part II       26a       X         27b Did the organization neave or more individuals and/or organization descended in the solutions, and exceptions?       27a       X         28b A analy me					37
Lat day of the year, that was issued after December 31, 2002? /f *Yes,* answer lines 24b through 24d and complete     24a     X       b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24b     24b       c Did the organization markin an escow account other than a refunding scow at any time during the year to detease any tax-exempt bonds?     24d     24d       d Did the organization anatian an escow account other than a refunding scow at any time during the year?     24d     24d       d Did the organization act as an "on behall of" issue for bonds outstanding at any time during the year?     24d     25a       d Did the organization act as an "on behall of" issue for bonds outstanding at any time during the year?     24d     25a       d Did the organization access benefit transaction with a disqualified person in a prory year, and that the transaction spot any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%     26     X       27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, treator or founder, grant selection completer Schedule L, Part I     26a     X       38 Aurent or former officer, director, trustee, key employee, creator or founder, or substantial contributor or part and the following partice (see Schedule L, Part IV     26a     X       39 Did the organization exert bar 252, 00D in non-cash contributions? // Yes, "complete Schedule L, Part IV     26a     X <td></td> <td></td> <td>23</td> <td></td> <td><u> </u></td>			23		<u> </u>
Schedule K if Ybo, 'go to fine 25a       24a       X         D Old the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?       24d       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualided person during the year?       24d       24d         25a       Section 501(c)(3), 501(c)(3), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with or dary ot these persons? If 'ves,' complete Schedule L, Part I       25b       X         27       Did the organization report any amount on Part X, line 6 or 22, for reservables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled of thy of themily member of any of these persons? If 'ves,' complete Schedule L, Part IV       26       X         28       Was the organization report and unit member of any of these persons? If 'ves,' complete Schedule L, Part IV       26a       X         29       Did the organization report and the member of any othese persons? If 'ves,' complete Schedule L, Part IV       28a       X         29       Did the	24a				
b       Define organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       24b         c       Define organization maintain an escrow account other thm a refunding secrow at any time during the year?       24c         d       Define organization are tax an "on behaff of" issue for bonds outstanding at any time during the year?       24c         25a       Section 501(63), 501(44), and 501(42) grag regranzations. Dub the organization engage in an excess benefit transaction with a dispublicle person in a plor year, and that the transaction was not been reported on any of the organization single Forms 880 or 990-E27 // ****, * complete Schedule L, Part I       25b         25       Did the organization aver that the engage in an excess benefit transaction with a dispublicle person in a plor year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or formed officer, director, trustee, key employee, creator or formed officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or foromer officer, director, trust					v
c       Did the organization maintain an encow account other than a refunding escrow at any time during the year to defease any tax-exempt bond?       24d         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)(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 900 or 990 CF27. If "res," complete Schedule L, Part I       25a         25       Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not on Part X, line 5 or 22, for necelvables from or payable to any current or forme officer, director, futustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an enployee thereol, 1 agrins) member of any individual contributor or employee thereol, 1 agrins balance to any current or form officer, director, futustee, key employee, creator or founder, substantial contributor, a gaint soletanistic, so and exceptions);       2         28       Was the organization privide to business transaction with one of the following parties (see Schedule L, Part II)       2         28       A current or forme officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II       2         29       Did the organization encode thereof of aning/total described in line 28a' If "Yes," complete Schedule L, Part II       2					<u> </u>
any tax-exempt bonds?     24c       d Did the organization act as an "on behalf of lisuer for bonds outstanding at any time during the year?     24d       25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?     12b       25a Did the organization aware that engaged in an excess benefit transaction with a disqualified person during the year?     12b       25a Did the organization aware that engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990 E27. # "Yes," complete Schedule L, Part I     25b       25a Did the organization report any amount on Part X. line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 355     25b       27 Did the organization approved thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II     26     X       28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II)     27b     X       29 Was the organization receive more than 255,000 in non-cash contributions? If "Yes," complete Schedule L, Part II     28b     X       20 Did the organization receive contributions of art, historical transact, or organization calcular L, Part IV     28b     X       20 Did the organization receive orthoruling and the schedule II in 28a? If "Yes," complete Schedule II. Part IV     28b     X <td></td> <td></td> <td>24b</td> <td></td> <td> </td>			24b		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?       24d         25a Section 501(KQ), 501(C)(A), 401(C)(A), 4015(C)(Z) organizations. Did the organization enages in an access benefit transaction with a disqualified person during the year? H 'Yes,' complete Schedule L, Part I       25a         b Is the organization aware that It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction hare for part of the organization's prior Forms 800 or 990-271 ("Yes," complete Schedule L, Part I       25b       X         27       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%. controlled antity or annily member of any of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thread, grant selection committee member, or to a 35%. controlled ently finctuling an employee thereoil or annily member of any of these persons? If 'Yes,' complete Schedule L, Part II       28       X         28       Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV       28       X         29       A annily member of any of the organization described in line 28a? If 'Yes,' complete Schedule L, Part IV       28       X         20       Did the organization receive ontributions of an thistoreal	С				
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 ouring the year // 1*%e," complete Schedule L, Part I       25a       X         25b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization specify 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-E27. If 'Yes,' complete Schedule L, Part I       25b       X         261       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         27       Did the organization apport the ability to a business transaction with one of the following parties (see Schedule L, Part III       27       X         28       Was the organization apport to a business transaction with one of the following parties (see Schedule L, Part III       28a       X         29       Did the organization receive more thine 28a? If 'Yes,' complete Schedule M       26       X         20       A 35% controlled entity or one or more individual sandor organization reduce more than 25% 000 in non-cash contributions? If 'Yes,' complete Schedule M       28       X         29       Did the organization necel we nore individuals and/or organization mage insilts assets, or qualified conservati	ام				<u> </u>
transaction with a disqualified person during the year? // 'Yea,' complete Schedule L, Part I       25a       X         b       is the organization a porty ear, and that the 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 290 or 990-E27. // 'Yea,'' complete Schedule L, Part I       25b       X         controlled entity or family member of any of these persons? // 'Yea,'' complete Schedule L, Part I       26a       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (incluing an employee thereof) or family member of any of these persons? // 'Yea,'' complete Schedule L, Part I       27         28       Was the organization party to a business transaction with one of the following parties (see Schedule L, Part I)       27         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // 'Yes,'' complete Schedule L, Part IV       28a       X         29       D A timiny member of any individual described in lines 28a // 'Yes,'' complete Schedule L, Part IV       28a       X         29       D A timiny member of any of these persons):       a       a       X         20       D A timiny member of any individual described in lines 28a // 'Yes,'' complete Schedule L, Part IV       28a       X         20       D d the organiz			240		<u> </u>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pror year, and that the transaction has not been reported on any of the organization sport Parks '0 or 990 E27 If 'Yes,' complete Schedule I, Part I       25b       X         26 Did the organization report any amount on Part X, line 5 or 22, tor receivables from or payables to any current or former officer, director, trustee, key employee, creator or ounder, substantial contributor or employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         28 Was the organization a provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If       28a       X         28 A tarriny member of any individual discribed in line 28a' If 'Yes,' complete Schedule L, Part IV       28a       X         29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV       28a       X         30 Did the organization in quick terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I       30       X         31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule A, Par	258		250		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete       25       X         26       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, furector, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of nating member of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         27       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee) thereof of rain may not these persons? (I'Yes,' complete Schedule L, Part II       27       X         28       Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV       28       X         29       DA family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV       28a       X         29       Dd the organization receive more individual and/or organization described in lines 28a or 28b? If 'Yes,' complete Schedule N, Part I       30       X         30       Dd the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule N, Part I       31       X         31       Did the organization receive on thomas 52,000 in non-cash contributions? If 'Yes,' complete Schedule N, Part I	h		258		
Schedule L, Part I       25b       X         26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or folder, director, truste, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? II "Yes," complete Schedule L, Part II       26       X         27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee threeof) or family member of any of these persons? II "Yes," complete Schedule L, Part IV       27       X         28       Was the organization provide the substance to othino or the following parties (see Schedule L, Part IV       28a       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       28b       X         20       D dt he organization receive contributions and exceptions):       a Acurent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       28b       X         20       D dt the organization receive contributions of art, historical researce, or orbical Schedule L, Part IV       28c       X         29       X       Did the organization receive contributions or art, historical researce, or there similar assets, or qualified conservation contributions? If "Yes," complete Schedule II.       291       X	b				
26       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If Y*se, "complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or a 35% controlled entity (including an employee threed) of family member of any indived parties (see Schedule L, Part II)       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II)       27       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       28a       X         29       A target of the comparization receive more than 252,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule L, Part I       28a       X         20       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule N, Part I       28a       X         20       Did the organization seli, exchange, dispose of, or transfer more than 2			256		x
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       26       X         20 bit the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? II "Yes," complete Schedule L, Part II       27       X         28       Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II "Yes," complete Schedule L, Part II       28a       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? II "Yes," complete Schedule M       29       X         20       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule N, Part I       30       X         30       Did the organization receive any campater schedule R, Part II       31       X         34       Was the organization sell, exchange, dispose of, or transfer more than 25% of this net assets? II "Yes," complete Schedule N, Part II       31       X         34       Was the organization ne	26		200		
controlled entity or family member of any of these persons? // If 'Yes,' complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // If 'Yes,'' complete Schedule L, Part IV       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV)       28a       X         29       DA tamily member of any individual described in line 28a? // 'Yes,'' complete Schedule L, Part IV       28a       X         29       DA tamily member of any individual described in line 28a? // 'Yes,'' complete Schedule L, Part IV       28a       X         29       DA tamily member of any individual described in line 28a? // 'Yes,'' complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? // 'Yes,'' complete Schedule N       29       X         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // trans,'' complete Schedule N, Part I       30       X         31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // trans,'' complete Schedule N, Part I	20				
27       Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an emptype) settereof or family member of any of these persons? If "Yes," complete Schedule L, Part IV       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28       X         29       A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV       28a       X         20       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I       31       X         31       Did the organization receive contributions of an entity disregarded as separate from the organization under Regulations sections 301.7701-28 ("Yes," complete Schedule R, Part I       31       X         32       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b			26		x
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part II.     Z     X       28     Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.     28a     X       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // ""es," complete Schedule L, Part IV.     28b     X       c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // ""es," complete Schedule L, Part IV.     28b     X       29     Did the organization receive more than \$25,000 in one-cash contributions? // "Yes," complete Schedule N, Part I.     30a     X       30     Did the organization receive more than \$25,000 in one-cash contributions? // "Yes," complete Schedule N, Part I.     31     X       31     Did the organization receive more than \$25,000 in one-cash contributions? // "Yes," complete Schedule N, Part I.     31     X       32     Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part I.     31     X       33     Did the organization neated to any tax-exempt or taxable entity? // "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1     34     X       34     Was the organization neated to any tax-exempt or taxable entity? // "Yes," complete Schedule R, Part I, III, or IV, an	27		20		
entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part IV       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // '*es," complete Schedule L, Part IV       28a       X         20       A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV       28a       X         20       D4 family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV       28a       X         20       Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule N, Part I       30a       X         31       Did the organization related to any tax exempt or taxable entit?? // "Yes," complete Schedule N, Part II       33a       X         32       Did the organization related to any tax exempt or taxable entit?? If "Yes," complete Schedule R, Part II, II, or IV, and Part V, line 1       34       X         33       Did the organization related to any tax exempt or taxable entit? If "Yes," complete Schedule R, Part II, II, or IV, and Part V, l					
28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV       28a       X         2 A tarmity member of any individual described in line 28a? If 'Yes," complete Schedule L, Part IV       28b       X         2 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       20       X         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 and 301.7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1       33       X         33       Did the organization neated to any tax-sempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1       35a       X         34       Was the organization and that is react			27		x
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a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // // **es, " complete Schedule L, Part IV       28a       X         b A family member of any individual described in line 28a? // **es, " complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // f       ?*es, " complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? // *Yes," complete Schedule M       29       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // *Yes," complete Schedule M. Part I       30       X         32       Did the organization selie, exchange, dispose of, or transfer more than 25% off its net assets? // *Yes," complete Schedule N, Part I       31       X         33       Did the organization neated to any tax-exempt or taxable entity? // *Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       Did the organization celve any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       Did the organization conduct more than 5% of its activities throug	20				
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"Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did 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       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ine 2       36       X         36       Section 501(C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization complete Schedule O for Part VI					
29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization neated to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ine 2       36       X         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI			28c		х
30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.37 If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       35a         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36a       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part V, lines 11b and 19?       36       X	29		29		X
contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         34       Did the organization von 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         35       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       35a       X       35a         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       36       X         38       Did the organization complete Schedule Q and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete	30				
31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         34       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       34       X         35a       Did the organization. The organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       X <t< td=""><td></td><td></td><td>30</td><td></td><td>Х</td></t<>			30		Х
32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         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       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       35a         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2       37       37       X         38       Did the organization complete Schedule O complete Schedule O for Part V, lines 11b and 19?       38       X         9       Note: All Form 990 filers are required to complete Schedule O or Part V, lines 11b and 19?       38       X         14       9       1b       0       1c       12         15<	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		X
Schedule N, Part II       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // fr "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? // fr "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         9       Note: All Form 990 filers are required to complete Schedule O       Free Yes," complete Schedule O       Yes       No         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not app	32				
sections 301.7701-2 and 301.7701-3? // ff "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? // ff "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? // ff "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       1a       9         Check if Schedule O contains a response or note to any line in this Part V       1a       1a       9         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1b       0       0         b       Enter the			32		X
34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         Yes No         1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       9       1b       0         b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       9       1b       0       0 <td< td=""><td>33</td><td>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations</td><td></td><td></td><td></td></td<>	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       Yes       No         1a       9       1b       0       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c       Yes		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         9       Note: All Form 990 filers are required to complete Schedule O       38       X         9       Check if Schedule O contains a response or note to any line in this Part V       38       X         1a       9       1b       0       0       0         a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       9       1b       0         a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0       1c       1c	34				
b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O       38       X       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O       38       X       37         39       Note: All Form 990 filers are required to complete Schedule O       38       X       37         4       9       38       X       37       X         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Part V, line 1	34		
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O complete Schedule O       38       X         Note: All Form 990 filers are required to complete Schedule O         Yes No         The Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       9       1b       0         b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       9       1b       0       1b       0       1b       0       1c       1c	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Part V         Note: All Form 990 filers are required to complete Schedule O         Yes No         The part V         Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       9       1b       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0       1c       1c	b				
If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       1a       9         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       9         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c			35b		<b></b>
37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance         Yes No         1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       9       1b       0         b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       9       1b       0       1c         of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>			36		X
38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       Yes       No         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       9       V         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0       V         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c	37				
Note: All Form 990 filers are required to complete Schedule 0       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule 0 contains a response or note to any line in this Part V       Yes       No         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       9       1b       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0       1c       1c			37		
Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Yes       No         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       9         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c	38				
Check if Schedule O contains a response or note to any line in this Part V         Yes       No         1a       P         b       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       P         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c	Dar	Note: All Form 990 filers are required to complete Schedule O	38	Х	Ĺ
Ia       Yes       No         Ia       9       1         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c	Far				
1a       9         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       9         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c		Check if Schedule O contains a response or note to any line in this Part V			
b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c			0	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
(gambling) winnings to prize winners?			4		
	С		4 -		
	000000			990	(2020)

ALCOHOL AND DRUG COUNCIL C	ALCOHOL	AND	DRUG	COUNCIL	OF
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Form	990 (2020) TOMPKINS COUNTY, INC. 16-0906	024	Р	age <b>5</b>
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 27			
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	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			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		
		<u>12a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	120		
d	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<u>13a</u>		
h				
a	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       Enter the amount of reserves on hand     13c	1		
		14a		X
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b		
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
13		15		x
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the experimetion on advectional institution explores the explore 1000 evolution to use at investment income	16		х
10	If "Yes," complete Form 4720, Schedule O.			
		1		

Form **990** (2020)

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

16-0906024 Page 6

X

Form 990 (2	2020)	TOMPKINS	COUNTY,	INC.	
Part VI	Governance.	Management, a	and Disclosu	re Foreach	"Ves" response to lines 2 throug

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.

Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	·  _	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	··	5		X
6	Did the organization have members or stockholders?	· ⊢	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		_		v
	more members of the governing body?	· ⊢	7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		71.		x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	· ⊢	7b	_	
8			8a	Х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?		oa 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	·	00		
5	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 Revenue Code.)	··	Ŭ		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	· ]	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	1	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a	Х	
b	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	Ľ	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done	. L	12c	Х	
13	Did the organization have a written whistleblower policy?	. L	13	Х	
14	Did the organization have a written document retention and destruction policy?	L	14	Х	L
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	. [1	15a	X	
b	Other officers or key employees of the organization	. [1	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 arrangement with a		10		v
	taxable entity during the year?	· F	16a	_	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		404		
Sec	exempt status with respect to such arrangements?	. []	16b		L
17	List the states with which a copy of this Form 990 is required to be filed <b>NY</b>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	(3)s (	- (vlac	availal	hle
.0	for public inspection. Indicate how you made these available. Check all that apply.	,0,30	y) (	~ v and	510
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fi	inanc	ial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	DIRECTOR OF FINANCE, MICHAEL LUCAS - (607)274-6288				
	201 EAST GREEN STREET, ITHACA, NY 14850				
032006	3 12-23-20		Form	990	(2020)

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#### 2020.04020 ALCOHOL AND DRUG COUNCIL 4083___1

Form 990 (2020)

Form 990 (2				MPKI								
Part VII	Con	npensation	of	Officer	s, D	Direct	ors,	Truste	es, Ke	y Employees,	Highest	Comper
	_							-				

ALCOHOL AND DRUG COUNCIL OF

#### **Employees, and Independent Contractors**

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

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

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

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

• List all of the organization's current key employees, if any. See 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.

Check this box if neither the organization n (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position do not check more th ox, unless person is ifficer and a director/		than o	one	Reportable	Reportable	Estimated	
	hours per week	box offi			rson i irecto	s both r/trus	tee)	compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director Institutional trustee Officer Key employee Highest compensated			organization	(W-2/1099-MISC)	from the			
	organizations	Normal trustee of Institutional trustee of Institutional trustee of Officer (Key en ployee Rennployee Former Former		(W-2/1099-MISC)		organization and related				
	below	idual t	utiona	5	Key employee	est col	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) ANGELA SULLIVAN	35.00									
EXECUTIVE DIRECTOR				X				108,514.	0.	7,765.
(2) NANCY BUSSIERES	0.50									
TRUSTEE (PART YEAR)		Х						0.	0.	0.
(3) SHAWN MEYER	0.50									•
TRUSTEE		Χ						0.	0.	0.
(4) DOUGLAS FREEMAN	0.50			37					0	0
VICE PRESIDENT		Х		X		-		0.	0.	0.
(5) MICHELLE SHIPPOS	0.50	x		x				0.	0.	0
PRESIDENT (6) ALLISON GRAFFIN	0.50	<u> </u>				-		0.	0.	0.
SECRETARY	0.50	x		x				0.	0.	0.
(7) ALEX REMIZOWSKI	0.50							0.	0.	0.
TREASURER	0.50	х		x				0.	0.	0.
(8) AMANDA VOORHEIS	0.50									
TRUSTEE		x						0.	0.	0.
(9) HENRY GRANISON	0.50									
TRUSTEE		x						0.	Ο.	0.
		-		-		$\vdash$				
										- 000 (2222)

<u>16-0906024</u> P

Page 7

Form 990 (2020) ALCOHOL A TOMPKINS					IL	0	F		16-09	מחבר	124	D	8
Form 990 (2020) TOMPKINS Part VII Section A. Officers, Directors, Trust						abor	+ (	Componented Employee		1000	) 2 4	Pa	age <b>8</b>
(A) Name and title	(B) Average hours per week	(do box	not c , unle:	(C Pos heck i ss per	C) ition more rson i		one n an	(D) Reportable compensation from	(Continued) (E) Reportable compensatio from related	n	am	(F) imate 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 and	oensat om the nizati relate nizatio	e on ed
1b Subtotal c Total from continuation sheets to Part VII	, Section A							108,514. 0. 108,514.		0.0.		7,76 7,76	0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but no compensation from the organization ►</li> </ul>							o r		000 of reportable	-		, /(	1
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	,	,			,	,			5		3	Yes	No X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl ,000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and edule	oti J	her compensation from the for such individual	he organization		4		X
<ul> <li>5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors</li> </ul>											5		X
1 Complete this table for your five highest cor the organization. Report compensation for t										ensati	ion fro	m	
(A) Name and business	address							(B) Description of s PROJECT MANA		Co	(C ompen		ו
398 THOMAS ROAD, ITHACA,	NY 1485	0						CONSULTING	JEMEN I		123	3,90	00.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	niteo	d to f	thos 1		ted	l above) who received mo	ore than				
										ſ	Form S	<b>990</b> (2	2020)

ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.

			2020) TOMPKINS COUN	TY, INC.			16-0906	024 Page 9
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any li				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1	а	Federated campaigns 1a	21,846.				
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b		1			
<u> </u>			Fundraising events 1c		1			
lifts ar A			Related organizations 1d		1			
s, G				472,519.	1			
Sil			All other contributions, gifts, grants, and		1			
her			similar amounts not included above <b>1f</b>	350,211.				
<u>i</u> fi		g	Noncash contributions included in lines 1a-1f		1			
and		-	Total. Add lines 1a-1f		5,844,576.			
				Business Code				
ø	2	а	MEDICAID REIMBURSEMENT	900099	523,927.	523,927.		
Program Service Revenue	_	b	THIRD PARTY REIMB.	900099	140,392.	140,392.		
Ser			OTHER FEE FOR SERVICE	900099	43,782.	43,782.		
E N			CLIENT FEES	900099	40,866.	40,866.		
Be			MISCELLANEOUS	900099	2,264.	2,264.		
Pro			All other program service revenue					
		a	Total. Add lines 2a-2f		751,231.			
	3	3	Investment income (including dividends, intere					
			other similar amounts)		172.			172.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	-				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a		1			
			Less: rental expenses 6b		1			
			Rental income or (loss) 6c		1			
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>		1			
		b	Less: cost or other basis		1			
ē			and sales expenses					
evenue		с	Gain or (loss)		1			
Sev			Net gain or (loss)					
Other R	8		Gross income from fundraising events (not					
ŧ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		с	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold10k					
		с	Net income or (loss) from sales of inventory					
ß				Business Code				
Miscellaneous Revenue	11	а						
ane		b						
cell }ev		С						
Mis			All other revenue					
			Total. Add lines 11a-11d			751 001	0	172.
	12		Total revenue. See instructions	🕨	6,595,979.	751,231.	0.	
03200	9 12	-23-	20					Form <b>990</b> (2020)

#### ALCOHOL AND DRUG COUNCIL OF Form 990 (2020) TOMPKINS COUNTY, INC. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nlete column (A)	
0000	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	116,279.	71,458.	39,196.	5,625.
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	878,823.	800,703.	49,156.	28,964.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	29,667.	25,448.	3,593.	626.
9	Other employee benefits	109,414.	94,163.	12,975.	2,276.
10	Payroll taxes	69,703.	59,789.	8,441.	1,473.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	29,724.	26,324.	3,066.	334.
С	Accounting	14,500.	12,841.	1,496.	163.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			20.001	2 2 2 7
	column (A) amount, list line 11g expenses on Sch 0.)	296,771.	262,693.	30,681.	3,397.
12	Advertising and promotion	12 004	10 104	1 0 2 0	4.0.0
13	Office expenses	13,794.	12,164.	1,230.	400.
14	Information technology	91,064.	81,041.	8,581.	1,442.
15	Royalties	309,051.	105 217	123,734.	
16		309,051.	185,317.	123,/34.	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	41,841.	40,393.	1,448.	
20	Interest	±1,041•	-0,000	<u> </u>	
21 22	Payments to affiliates Depreciation, depletion, and amortization	110,079.	42,497.	67,582.	
22 23		23,809.	21,297.	2,512.	
23 24	Other expenses. Itemize expenses not covered		2272570		
27	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	STAFF DEVELOPMENT & TRA	9,412.	9,357.	25.	30.
b	PROGRAM EXPENSES	8,518.	8,443.	75.	
c	DUES & MEMBERSHIPS	3,259.	2,777.	162.	320.
d	MISCELLANEOUS	2,771.	,	975.	1,796.
	All other expenses	139.	125.	14.	
25	Total functional expenses. Add lines 1 through 24e	2,158,618.	1,756,830.	354,942.	46,846.
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 Figure if following SOP 98-2 (ASC 958-720)				

032010 12-23-20

Form **990** (2020)

Form 990 (2020)

#### ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.

16-0906024 Page 11

		Balance Sheet	т, т	NC.		10-	0906024 Page II
rd				line in this Doub M			X
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,104.	1	1,172.
	2	Savings and temporary cash investments			72,304.	2	158,740.
	3	Pledges and grants receivable, net			162,138.	3	78,751.
	4	Accounts receivable, net			126,595.	4	192,933.
	5	Loans and other receivables from any current of			.,	-	
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	-			6	
~	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges			145,918.	9	104,489.
		Land, buildings, and equipment: cost or other				Ŭ	
		basis. Complete Part VI of Schedule D	10a	5,092,404			
	Ь	Less: accumulated depreciation		330,739.	180,536.	10c	4,761,665
	11	Investments - publicly traded securities	<u> </u>		,	11	
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			688,595.	16	5,297,750
	17	Accounts payable and accrued expenses	134,660.	17	44,228		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or forn					
Liabilities		trustee, key employee, creator or founder, subs					
bili		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela			20,000.	23	42,717
	24	Unsecured notes and loans payable to unrelated			,	24	229,500
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D	,		48,395.	25	58,404
	26	<b>T 1 1 1 1 1 1 1 1 1 1</b>			203,055.	26	374,849
		Organizations that follow FASB ASC 958, che			,		
es		and complete lines 27, 28, 32, and 33.					
anc	27				205,856.	27	4,765,691
Bala	28	Net assets with donor restrictions			279,684.	28	157,210
p		Organizations that do not follow FASB ASC 9			- /		
Ъ		and complete lines 29 through 33.	,				
P	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in		Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	485,540.	32	4,922,901.
Z	33	Total liabilities and net assets/fund balances			688,595.	33	5,297,750.
				·····	,		Form <b>990</b> (2020

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	ALCOHOL AND DRUG COUNCIL OF				
Form	1 990 (2020) TOMPKINS COUNTY, INC.	16-0	906024	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,595	5,9'	79.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,158	3,61	18.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,437		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	485	5 <u>,5</u> 4	40.
5	Net unrealized gains (losses) on investments	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	4,922	2,90	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		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?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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	e 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2020)

SC	HEC	DULE A		Dublic Cho	rity Status on		lia Gu	unnort		OMB No. 1545-0047
(Fo	rm 99	90 or 990-EZ)			rity Status an					2020
					47(a)(1) nonexempt cha			or a section		Ζυζυ
		of the Treasury nue Service			Attach to Form 990 or F	orm 990-	EZ.			Open to Public
					/Form990 for instruction		ie latest ii	nformation.		Inspection
Nam	ie ot	the organizati			UG COUNCIL O	<u>4</u> .				identification number
Pa	rt I	Beason		KINS COUNT	(All organizations must c	amplata th	ic nort ) C	an instruction		6-0906024
		•							5.	
1 ne 0	orgar			·	For lines 1 through 12, c on of churches described	,	,	()/ A \/:\		
2	H				Attach Schedule E (Forn			I)(A)(I).		
3	H				anization described in so			ii)		
4	$\square$	•	•		njunction with a hospital				)(iii). Enter	the hospital's name.
-		city, and stat	-	•	,				~ /	
5		An organizati	on operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	b)(1)(A)(iv). ((	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Χ	An organizati	on that norma	ally receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(	<b>)(1)(A)(vi).</b> (C	Complete Part II.)						
8	Щ	-			(1)(A)(vi). (Complete Par	-				
9		0			in section 170(b)(1)(A)(				•	•
			or a non-land-q	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
10		university:			then 00 1/00/ of its surge					
10		-		•	than 33 1/3% of its supp at to certain exceptions; a				-	•
					(less section 511 tax) fro					•
				mplete Part III.)			looo doqui			
11					ively to test for public sa	fety. See	section 50	09(a)(4).		
12		-	÷	-	ively for the benefit of, to	•			rry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
		the suppor	ed organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		¬ ~		complete Part IV, Se						
b					l or controlled in connect			0		0
			÷		anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	Dorted
		¬ ~	. ,	st complete Part IV,	g organization operated	in connoct	ion with	and functional	ly intograte	d with
с			-	•	). You must complete I		-		ly integrate	o with,
d		- ··	0		porting organization oper			-	ted organiz	zation(s)
u			-		zation generally must sat				•	
				•	nplete Part IV, Sections			•		
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, o	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported of	organizations						
g				n about the supporte		(iv) Is the oroa	anization listed	(u) Amount of	monoton	(vi) Amount of other
		<ul> <li>(i) Name of supp organizatior</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	-	support (see instructions)
					above (see instructions))	Yes	No		,	
										<u> </u>
_										
<u>Tota</u>	l									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990 EZ) 2020 TOMPKINS COUNTY, INC.

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	544,599.	619,380.	1232105.	954,081.	5844576.	9194741.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	544,599.	619,380.	1232105.	954,081.	5844576.	9194741.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						902,177.
6	Public support. Subtract line 5 from line 4.						8292564.
Sec	ction B. Total Support	•			•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	544,599.	619,380.	1232105.	954,081.	5844576.	9194741.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	60.	82.	390.	433.	172.	1,137.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						9195878.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 4	,365,205.
13	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	90.18 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	<u>79.80 %</u>
<b>16</b> a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>X</b>
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
<b>1</b> 7a	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% (	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
					Sche	dule A (Form 990	or 990-EZ) 2020

032022 01-25-21

Part II

#### Schedule A (Form 990 or 990-EZ) 2020 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10 <i>a</i>	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						
	Add lines 10a and 10b 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.)	Ĺ					
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	120 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
<b>1</b> 9a	a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b	<b>33 1/3% support tests - 2019.</b> If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly suppo	orted organizat	ion ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
03202	23 01-25-21				Sch	edule A (Forn	n 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 TOMPKINS COUNTY, INC.

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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16-0906024 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Schedule A (Form 990 or 990-EZ) 2020 TOMPKINS COUNTY, INC.

Pa	rt IV Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion c. Type it 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	1		
Sec	the supported organization(s). 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		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b 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 ourposes			

- how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 032025 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

#### Schedule A (Form 990 or 990-EZ) 2020 TOMPKINS COUNTY INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 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 3 Other gross income (see instructions) 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 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 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) 2 Enter 0.85 of line 1. 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) 2020

032026 01-25-21

#### ALCOHOL AND DRUG COUNCIL OF Schedule A (Form 990 or 990-EZ) 2020 TOMPKINS COUNTY, INC.

	t V Type III Non-Functionally Integrated 509		nizations (continu	ued)	
Secti	on D - Distributions		(containe		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Γ	I	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
6	than zero, <i>explain in</i> <b>Part VI.</b> See instructions. Remaining underdistributions for 2020. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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	ALCOHOL AND DRUG COUNCIL OF	
Schedule A	(Form 990 or 990-EZ) 2020 TOMPKINS COUNTY, INC.	16-0906024 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	or 17b; Part III, line 12; 51 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,

Schedule A (Form 990 or 990-EZ) 2020

032028 01-25-21

#### **Schedule B**

(Form 990, 990-EZ, or 990-PF)

### **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

2020

Internal Revenue Service							
Name of the organization	COHOL AND DRUG COUNCIL OF	Employer identification number					
TO Organization type (check or	MPKINS COUNTY, INC.	16-0906024					
Organization type (check of							
Filers of:	Section:						
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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						
General Rule	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule						
-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, c r, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amoun line 1. Complete Parts I and II.	or 16b, and that received from					
contributor, during literary, or educatio	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, du year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year							
<b>Caution:</b> An organization th	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Ec	rm 990, 990-F7, or 990-PF\					

γF), 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) (2020)

Name of organization

ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.

16-0906024

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS 109 SOUTH UNION STREET 4TH FLOOR ROCHESTER, NY 146071893	\$ <u>325,878.</u>	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
2	CARE COMPASS NETWORK 33 LEWIS ROAD BINGHAMTON, NY 13905	\$244,680.	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	NEW YORK STATE DEPARTMENT OF HEALTH CORNING TOWER, EMPIRE STATE PLAZA ALBANY, NY 12237	\$ <u>4,930,614.</u>	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

Schedule B	(Form 990,	990-EZ, or	[·] 990-PF) (	(2020)
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Name of organization ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC. Page 3

16-0906024

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

	rganization OL AND DRUG COUNCIL OF				Employer identification number				
TOMPK	INS COUNTY, INC.				16-0906024				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the followir charitable, etc., contributions of \$	a line entry. For o	rganizations					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held				
-		(e) Transfo	er of gift						
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee				
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held				
-	(e) Transfer of gift								
-	Transferee's name, address, ar	R	elationship of tra	nsferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held				
-		(e) Transfe	er of gift						
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held				
-		(e) Transfe	er of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

			al Financial Statements			OMB No. 1545-0047
(Forn	n 990)	Part IV, line 6, 7, 8, 9, 10	janization answered "Yes" on Form 990, ), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b	).		ZUZU
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest informa			Open to Public Inspection
	e of the organizatio				Employer	identification number
	o or the organization	TOMPKINS COUNTY, I				6-0906024
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Acc		
	organizatio	n answered "Yes" on Form 990, Part IV, lir	ne 6.			
			(a) Donor advised funds	(b	) Funds and	d other accounts
1	Total number at er	nd of year				
2	Aggregate value of	f contributions to (during year)				
3	Aggregate value of	f grants from (during year)				
4		t end of year				
5	-		writing that the assets held in donor advised			
			exclusive legal control?			Yes No
6	•	<b>e</b>	advisors in writing that grant funds can be u			
			or donor advisor, or for any other purpose co		0	
Par			ganization answered "Yes" on Form 990, Pa			Yes No
				art IV, II	ne /.	
1		servation easements held by the organizati		- histori	icelly impor	tant land area
		l of land for public use (for example, recrea f natural habitat	ation or education) Preservation of a			
		of open space		a certine		Structure
2		• •	fied conservation contribution in the form of	facon	convotion or	esement on the last
2	day of the tax year	• • •				at the End of the Tax Year
а	, ,			- E	2a	
b					2b	
c	Ũ		ucture included in (a)		2c	
d			after 7/25/06, and not on a historic structure			
ŭ					2d	
3			leased, extinguished, or terminated by the c			the tax
	year 🕨					,
4	Number of states v	where property subject to conservation ea	sement is located			
5	Does the organizat	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and enfo	orcement of the conservation easements i	t holds?			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation	easements	during the year
	►					
7	Amount of expense	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on ease	ements duri	ng the year
	►\$					
8	Does each conserv	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)	)(4)(B)(i)		
						Yes No
9	In Part XIII, describ	be how the organization reports conservati	on easements in its revenue and expense s	tateme	nt and	
	balance sheet, and	d include, if applicable, the text of the foot	note to the organization's financial statemer	nts that	describes	the
Dec		ounting for conservation easements.	Aut Historical Trassuras, or Oth			ata
Par		_	f Art, Historical Treasures, or Oth	ier Sir	nilar Ass	sets.
		the organization answered "Yes" on Form				
<b>1</b> a	0		58, not to report in its revenue statement an			orks
		· · · · ·	blic exhibition, education, or research in fur		e of public	
			ncial statements that describes these items			f
b	-		58, to report in its revenue statement and ba			
		ng amounts relating to these items:	c exhibition, education, or research in furthe	ance (	n public se	
	-				¢	
2			easures, or other similar assets for financial g		-	
-		ints required to be reported under FASB A		gani, pi		
а	-				▶ \$	
					► \$	
		eduction Act Notice, see the Instruction			<b>F</b>	dule D (Form 990) 2020
	12-01-20	· · · · · · · · · · · · · · · · · · ·				· · · · / · · · · · · · · · · · · ·

		AND DRUG		CIL OF					
Sche		S COUNTY,						0906024	
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	asures, o	r Other S	Similar Ass	sets _{(continue}	<u>ed)</u>
3	Using the organization's acquisition, access	on, and other record	ds, check	any of the f	ollowing tha	t make sign	ificant use of	its	
	collection items (check all that apply):								
а	Public exhibition		d 🗌	Loan or exc	hange progra	am			
b	Scholarly research		e 🗌	Other					
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and expla	in how th	ey further th	ne organizatio	on's exempt	t purpose in l	Part XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, his	storical treas	sures, or othe	er similar as	sets		
	to be sold to raise funds rather than to be m							Yes	No
Par	t IV Escrow and Custodial Arran		olete if the	organizatio	n answered	"Yes" on Fo	orm 990, Parl	IV, line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod								
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:					
								Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						lf		
<b>2</b> a	Did the organization include an amount on F	orm 990, Part X, lin	e 21, for e	escrow or cl	istodial acco	unt liability?	?	Yes	No No
	If "Yes," explain the arrangement in Part XIII.								
Par	<b>TV</b> Endowment Funds. Complete								
		(a) Current year	(b) F	rior year	(c) Two yea	rs back <b>(d</b> )	) Three years b	oack <b>(e)</b> Four ye	ars back
1a	Beginning of year balance		_						
b	Contributions		_						
С	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		ce (line 1g	g, column (a)	) held as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment 🕨	%							
С	Term endowment	<u>%</u>							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	zation tha	t are held ar	nd administer	red for the o	organization	_	
	by:								es No
	(i) Unrelated organizations								
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on S	chedule R?				3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.					
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere							1	
	Description of property	(a) Cost or basis (invest		.,	or other (other)		umulated eciation	<b>(d)</b> Book v	alue
1a	Land				9,000.			369,	,000.
	Buildings			3,95	6,000.	8	32,417.	3,873,	,583.
	Leasehold improvements				7,124.	4	2,698.	54,	,426.
	Equipment			24	3,595.	20	5,624.	37,	,971.
	Other			42	6,685.				,685.
-	I. Add lines 1a through 1e. <i>(Column (d) must e</i>		t X, colun	n <u>n (B), line 1</u>	0c.)		🕨	4,761,	665.

Schedule D (Form 990) 2020

ALCOHOL	AND	DRUG	COUNCIL	OF
TOMPKINS	COU	JNTY,	INC.	

## Schedule D (Form 990) 2020 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 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

(2) COMPENSATED ABSENCES	58,404.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col. (B) line 25.)	58,404.

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) 2020

032053 12-01-20

ALCOHOL AND DRUG COUN Schedule D (Form 990) 2020 TOMPKINS COUNTY, INC.	CIL OF	16-(	)906024 _{Page} 4
Schedule D (Form 990) 2020         TOMPKINS         COUNTY         INC.           Part XI         Reconciliation of Revenue per Audited Financial S         Schedule D (Form 990) 2020         Schedule D (Form 990) 2020	Statements With Revenu		JJUUUZE Page
Complete if the organization answered "Yes" on Form 990, Part IV			
1 Total revenue, gains, and other support per audited financial statements	,	1	6,595,979.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d			0.
3 Subtract line 2e from line 1			6,595,979.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b			0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		6,595,979.
Part XII Reconciliation of Expenses per Audited Financial	Statements With Expense	ses per Returr	1.
Complete if the organization answered "Yes" on Form 990, Part I	,		
1 Total expenses and losses per audited financial statements		1	2,158,618.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d			0.
3 Subtract line 2e from line 1			2,158,618.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
<b>b</b> Other (Describe in Part XIII.)	4b		•
c Add lines 4a and 4b			0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lin	<u>ne 18.)</u>		2,158,618.
Part XIII Supplemental Information.			

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

032054 12-01-20

Schedule D (Form 990) 2020

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. ALCOHOL AND DRUG COUNCIL OF

TOMPKINS COUNTY, INC.

Inspection Employer identification number 16-0906024

OMB No. 1545-0047

**U2**0

Open to Public

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

COMMUNITY THROUGH PREVENTION AND EDUCATION PROGRAMS.

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 EVALUATION PERIOD. THE EXECUTIVE DIRECTOR CONDUCTS SIMILAR REVIEWS OF TOP 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.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20

Name of the organization	ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.	Employer identification number $16-0906024$

PROGRAM SERVICE EXPENSES	254,690.
MANAGEMENT AND GENERAL EXPENSES	29,652.
FUNDRAISING EXPENSES	3,250.

#### TOTAL EXPENSES

EMPLOYEE BENEFIT ADMINISTRATION FEES:	
PROGRAM SERVICE EXPENSES	3,843.
MANAGEMENT AND GENERAL EXPENSES	543.
FUNDRAISING EXPENSES	94.
TOTAL EXPENSES	4,480.

PAYROLL SERVICE EXPENSE:	
PROGRAM SERVICE EXPENSES	4,160.
MANAGEMENT AND GENERAL EXPENSES	486.
FUNDRAISING EXPENSES	53.
TOTAL EXPENSES	4,699.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	296,771.

FORM 990, PAGE 11, PART X, LINE 24

DURING THE YEAR ENDED DECEMBER 31, 2020, ALCOHOL AND DRUG COUNCIL OF

TOMPKINS COUNTY, INC. RECEIVED A LOAN IN THE AMOUNT OF \$229,500 UNDER

THE PAYCHECK PROTECTION PROGRAM (PPP). THE LOAN MAY BE FORGIVEN,

PURSUANT TO AND SUBJECT TO THE TERMS SPECIFIED IN THE PAYCHECK

PROTECTION PROGRAM. IF THE LOAN IS NOT FORGIVEN, THE LOAN TERM WOULD

 BE REPAID OVER A TWO-YEAR PERIOD AT AN ANNUAL INTEREST RATE OF 1%.

 032212 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

287,592.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.	Employer identification number $16-0906024$
THIS IS RECORDED AS A REFUNDABLE ADVANCE UNTIL ELIGIBLE EX	PENSES ARE
INCURRED AND ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY,	INC. BELIEVES
THOSE AMOUNTS WILL BE FORGIVEN.	
FORM 990, PAGE 12, PART XI, LINE 2C	
THE PROCESS FOR AUDIT OVERSIGHT AND AUDITOR SELECTION HAS	NOT CHANGED
FROM THE PRIOR YEAR.	

Schedule O (Form 990 or 990-EZ) 2020

032212 11-20-20

## ALCOHOL & DRUG COUNCIL OF TOMPKINS COUNTY, INC.

Ithaca, New York

**FINANCIAL REPORT** 

For the Years Ended December 31, 2020 and 2019



# **TABLE OF CONTENTS**

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Statement of Functional Expenses - 2019	6
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Notes to Financial Statements	15



# **INDEPENDENT AUDITORS' REPORT**

Board of Directors Alcohol & Drug Council of Tompkins County, Inc. Ithaca, New York

We have audited the accompanying financial statements of Alcohol & Drug Council of Tompkins County, Inc. (the Council), which comprise the Statements of Financial Position as of December 31, 2020 and 2019, and the related Statements of Activities, Functional Expenses, and Cash Flows for the years then ended, and the related notes to the financial statements.

# Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Council's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

# **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Alcohol & Drug Council of Tompkins County, Inc. as of December 31, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Respectfully submitted,

nseror G. CPA, LUP

Insero & Co. CPAs, LLP Certified Public Accountants

Ithaca, New York May 3, 2021

# STATEMENTS OF FINANCIAL POSITION DECEMBER 31,

	2020	2019	
ASSETS			
Current Assets			
Cash, Cash Equivalents, and Restricted Cash			
Unrestricted	\$ 136,108	\$ 67,987	
Restricted	23,804	5,421	
Total Cash, Cash Equivalents, and Restricted Cash	159,912	73,408	
Receivables			
Other Receivables	63,751	150,888	
Client Fees, Net	29,912	12,072	
Medicaid, Net	74,710	46,678	
Third Party, Net	88,311	67,845	
Total Receivables	256,684	277,483	
Promises to Give	15,000	11,250	
Prepaid Expenses	104,489	145,918	
Total Current Assets	536,085	508,059	
Fixed Assets, Net	4,761,665	180,536	
Total Assets	\$ 5,297,750	<u>\$ 688,595</u>	
LIABILITIES AND NET ASSETS Current Liabilities Accounts Payable Accrued Payroll	\$ 21,849 22,379	\$ 83,617 51,043	
Line of Credit	42,717	20,000	
Compensated Absences	58,404	48,395	
Loan Payable - Paycheck Protection Program Total Liabilities	229,500	-	
I otal Liadinties	374,849	203,055	
Net Assets Without Donor Restrictions			
Fees for Service Receivable	192,933	126,595	
Fixed Assets	4,761,665	180,536	
Board Designated	60,800	60,800	
Undesignated	(249,707)	(162,075)	
Total Net Assets Without Donor Restrictions	4,765,691	205,856	
Net Assets With Donor Restrictions	157,210	279,684	
Total Net Assets	4,922,901	485,540	
Total Liabilities and Net Assets	\$ 5,297,750	\$ 688,595	

# STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED DECEMBER 31,

	2020				
	Without Donor	With Donor			
	Restrictions	Restrictions	Total		
Public Support	¢ 200.070	¢	¢ 200.070		
New York State OASAS Tompkins County:	\$ 300,868	\$	\$ 300,868		
County General Fund	72,780		72,780		
Community Justice Center	1,144		1,144		
Stop DWI	15,000		15,000		
Other Special Programs					
Treatment Courts	11,402		11,402		
Grants	450,391	27,500	477,891		
Contributions	4,965,491		4,965,491		
Net Assets Released from Restrictions	149,974	(149,974)			
Total Public Support	5,967,050	(122,474)	5,844,576		
Revenue					
Medicaid Reimbursements	523,927		523,927		
Third Party Reimbursements	140,392		140,392		
Client Fees	40,866		40,866		
Interest Income	172		172		
Program Revenues	43,782		43,782		
Other Revenue	2,264		2,264		
In-Kind Revenue Total Revenue			751,403		
i otar Revenue	751,403		/51,405		
Total Public Support and Revenue	6,718,453	(122,474)	6,595,979		
Expenses					
Program Services:					
Clinic	1,333,461		1,333,461		
DETOX Education/Prevention	263,601		263,601 148,947		
Impaired Driver Program	148,947 10,821		148,947 10,821		
impared Driver Hogram	10,021		10,021		
Total Program Services	1,756,830		1,756,830		
Supporting Services:					
Management and General	354,942		354,942		
Fundraising	46,846		46,846		
Total Supporting Services	401,788		401,788		
Total Expenses	2,158,618		2,158,618		
Change in Net Assets	4,559,835	(122,474)	4,437,361		
Net Assets, January 1,	205,856	279,684	485,540		
Net Assets, December 31,	\$ 4,765,691	\$ 157,210	\$ 4,922,901		

	2019	
Without Donor Restrictions	With Donor Restrictions	Total
\$ 321,925	\$	\$ 321,925
72,780		72,780
2,632		2,632
15,000		15,000
9,137		9,137
3,973		3,973
270,188	170,000	440,188
86,666	(517.7(2))	86,666
517,762	(517,762)	- 052 201
1,300,063	(347,762)	952,301
476,795		476,795
112,264		112,264
48,004		48,004
433		433
100,300		100,300
9,925		9,925
1,780		1,780
749,501		749,501
2,049,564	(347,762)	1,701,802
1,227,495		1,227,495
138,267		138,267
138,618		138,618
15,418		15,418
1,519,798	<u>-</u>	1,519,798
511,075		511,075
127,628		127,628
638,703	<u> </u>	638,703
2,158,501		2,158,501
(108,937)	(347,762)	(456,699)
314,793	627,446	942,239
\$ 205,856	\$ 279,684	\$ 485,540

# STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2020

	Program Services					Supporting		
			Education/	Impaired		Management		
	Clinic	DETOX	Prevention	<b>Driver Program</b>	Total	and General	<u>Fundraising</u>	Total
Expenses								
Salaries	\$ 748,003	\$ 10,153	\$ 99,852	\$ 7,803	\$ 865,811	\$ 87,136	\$ 34,390	\$ 987,337
Fringes	166,462	974	20,858	1,299	189,593	26,768	4,668	221,029
Program Expenses	6,397		602	1,444	8,443	75		8,518
IT and Telephone Expenses	70,203		10,838		81,041	8,581	1,442	91,064
Staff Development and Travel	9,182		175		9,357	25	30	9,412
Dues and Memberships	2,131		421	225	2,777	162	320	3,259
Insurance Expense	18,936		2,361		21,297	2,512		23,809
Interest Expense		40,393			40,393	1,448		41,841
Miscellaneous Expenses					-	975	1,796	2,771
Office Expenses	11,405		759		12,164	1,230	400	13,794
Contracted Services	124,759	172,637	569	50	298,015	34,700	3,800	336,515
Repairs and Maintenance	2,843				2,843	13,010		15,853
Utilities Expense	3,744				3,744	9,800		13,544
Equipment Expenses	111		14		125	14		139
Property Expenses	130,129	39,444	9,157		178,730	100,924		279,654
Depreciation	39,156		3,341		42,497	67,582		110,079
Total Expenses	1,333,461	263,601	148,947	10,821	1,756,830	354,942	46,846	2,158,618
Overhead Allocation	289,111	4,124	44,302	3,219	340,756	(354,942)	14,186	
Total Functional Expenses	\$1,622,572	\$267,725	\$ 193,249	\$ 14,040	\$ 2,097,586	<u>\$                                    </u>	\$ 61,032	\$ 2,158,618

# STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2019

	Program Services						g Services	
			Education/	Impaired		Management		
_	Clinic	DETOX	Prevention	<b>Driver Program</b>	Total	and General	<b>Fundraising</b>	Total
Expenses								
Salaries	\$ 640,687	\$ 45,242	\$ 88,415	\$ 11,027	\$ 785,371	\$ 105,442	\$ 91,832	\$ 982,645
Fringes	174,369	3,720	12,539	1,590	192,218	19,397	13,748	225,363
Program Expenses	17,697		4,205	1,400	23,302	83	1,865	25,250
IT and Telephone Expenses	61,650		7,854		69,504	7,568	687	77,759
Staff Development and Travel	5,683		1,649		7,332	363	74	7,769
Dues and Memberships	1,703		338	225	2,266	287	290	2,843
Insurance Expense	11,085		1,299		12,384	2,241		14,625
Interest Expense					-	1,103		1,103
Miscellaneous Expenses					-	125	3,363	3,488
Office Expenses	21,143	135	2,504		23,782	4,964	608	29,354
Contracted Services	37,872	89,170	599	1,176	128,817	32,978	15,161	176,956
Repairs and Maintenance	8,226				8,226	26,974		35,200
Utilities Expense	4,081				4,081	10,435		14,516
Equipment Expenses	4,731		132		4,863	740		5,603
Property Expenses	204,143		12,329		216,472	298,375		514,847
Depreciation	34,425		6,755		41,180	,		41,180
•					· · · · · ·			
Total Expenses	1,227,495	138,267	138,618	15,418	1,519,798	511,075	127,628	2,158,501
Overhead Allocation	380,801	42,894	43,003	4,783	471,481	(511,075)	39,594	
Total Functional Expenses	\$ 1,608,296	\$ 181,161	\$ 181,621	\$ 20,201	\$ 1,991,279	<u>\$                                    </u>	\$ 167,222	\$ 2,158,501

# STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31,

	2020	2019
Cash Flows From Operating Activities		
Cash Received from Grantors and Donors	\$ 5,679,091	\$ 813,809
Cash Received from Medicaid	495,895	472,395
Cash Received from Clients and Third Parties	142,952	122,698
Other Cash Receipts	295,090	113,923
Cash Paid to Suppliers	(901,944)	(856,843)
Cash Paid to Employees	(1,185,589)	(1,154,342)
Net Cash Provided (Used) by Operating Activities	4,525,495	(488,360)
Cash Flows From Investing Activities		
Acquisition of Fixed Assets	(4,691,208)	(71,739)
Net Cash Provided (Used) by Investing Activities	(4,691,208)	(71,739)
Cash Flows From Financing Activities		
Draws on Line of Credit	22,717	20,000
Proceeds from Loans	4,729,500	-
Payment of Loans	(4,500,000)	
Net Cash Provided (Used) by Financing Activities	252,217	20,000
Change in Cash, Cash Equivalents and Restricted Cash	86,504	(540,099)
Cash, Cash Equivalents, and Restricted Cash at January 1,	73,408	613,507
Cash, Cash Equivalents, and Restricted Cash at December 31,	\$ 159,912	\$ 73,408
Supplemental Disclosures: Interest Paid	<u>\$ 41,841</u>	\$ 1,103

# NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

#### *Note 1* Nature of Activities and Summary of Significant Accounting Policies

#### **Nature of Activities**

Alcohol & Drug Council of Tompkins County, Inc. (Council), located in Ithaca, New York, is a nonprofit organization which provides counseling and education services to the local community. The Council derives most of its revenue from third party reimbursements, New York State, and Tompkins County.

#### **Accounting Method**

The financial statements of the Council have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

#### **Basis of Presentation**

The financial statements of the Council have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which require the Council to report information regarding its financial position and activities according to the following net asset classifications:

#### • Net Assets Without Donor Restrictions

Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Council. These net assets may be used at the discretion of the Council's management and the Board of Directors.

### • Net Assets With Donor Restrictions

Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Council or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the Statements of Activities.

#### **Accounts Receivable**

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management estimates allowance for doubtful accounts based on historical collection rates. At December 31, 2020 and 2019, the Council reported an allowance for doubtful accounts of \$393,665 and \$151,626.

#### **Cash and Cash Equivalents**

For purposes of the Statements of Cash Flows, the Council considers all unrestricted highly liquid investments with an initial maturity of three months or less to be cash equivalents.

# NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

#### *Note 1* Nature of Activities and Summary of Significant Accounting Policies - Continued

#### **Use of Estimates**

The preparation of financial statements in conformity with U.S. GAAP includes the use of estimates that affect the financial statements. Accordingly, actual results could differ from those estimates.

#### **Fixed Assets**

The Council capitalizes all leasehold improvements and expenditures for furniture and equipment land and buildings in excess of \$1,000 and with useful lives greater than one year. Purchased fixed assets are carried at cost. Donated property and equipment are carried at the approximated fair value at the date of donation. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Useful lives are estimated as follows: leasehold improvements, 5 to 20 years; furniture and equipment, 3 to 10 years; buildings, 40 years.

#### **Donated Property and Equipment**

Donations of property and equipment are recorded as contributions at their estimated fair value at the date of donation. Such donations are reported as increases in net assets without donor restrictions unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent donor stipulations regarding how long those donated assets must be maintained, the Council reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Council reclassifies net assets with donor restrictions to net assets without donor restrictions at that time.

#### **Compensated Absences**

Compensated absences are accrued on a monthly basis and are limited to 30 days earnings per employee. Unused balances in sick and vacation time are accrued at year end.

#### **Income Tax Status**

The Council is exempt from income taxes under \$501(c)(3) of the Internal Revenue Code. The Council qualifies for the charitable contribution deduction under \$170(b)(1)(A) and has been classified as an organization that is not a private foundation under \$509(a)(2).

#### **Natural and Functional Expenses**

Natural expenses are defined by their nature, such as salaries, rent, and supplies. Functional expenses are classified by the type of activity for which expenses were incurred; for example, management, oversight, and direct program costs. Expenses were allocated by function using a reasonable and consistent approach that was primarily based on the costs attributable by function based on estimated percentage of time and effort, square footage, or full-time equivalent.

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

#### *Note 1* Nature of Activities and Summary of Significant Accounting Policies - Continued

#### **Support and Revenue**

Annual contributions are generally available for use in general operations unless specifically restricted by the donor. Unconditional promises to give are recorded as received.

Grants and other contributions of cash and other assets are reported as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, which occurs when a stipulated time restriction ends or purpose restrictions are accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported on the Statements of Activities as net assets released from restrictions. Performance obligations of the Council are typically satisfied as the service is rendered. Public support from Tompkins County is paid on a monthly basis as performance obligations are met. Other program service revenue is recognized as services are rendered. See Note 9 for further information on Program Services.

#### **Events Subsequent to Report Date**

The Council has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through May 3, 2021, the date which the financial statements were available to be issued.

#### **Future Changes in Accounting Standards**

In February 2016, Financial Accounting Standards Board (FASB) issued Accounting Standards Updates (ASU) No. 2016-02, "Leases" (Topic 842). ASU No. 2016-02 improves transparency and comparability among companies by recognizing lease assets and lease liabilities on the balance sheet and by disclosing key information about leasing arrangements. ASU No. 2016-02 is effective for the year ending December 31, 2022. The Council is currently assessing the financial impact of this guidance on the financial statements.

### *Note 2* Concentration of Credit Risk

The Council maintains its cash balances at a local financial institution. From time to time, the Council may have bank deposits in excess of the Federal Deposit Insurance Corporation insurance limits. There were no uninsured balances at December 31, 2020 or December 31, 2019.

#### *Note 3* Other Receivables and Promises to Give

Other receivables consisted of the following at December 31,:

	2020		 2019
Community Justice Center	\$	401	\$ 744
Drug Courts			2,902
Stop DWI Local Funding			11,250
OASAS Funding		37,607	31,373
Tompkins County Local Funding		,	72,780
Incentive Payment Program			31,839
New York State Department of Health		25,743	 
Total Other Receivables	\$	63,751	\$ 150,888

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

### *Note 3* Other Receivables and Promises to Give - Continued

Promises to give of \$15,000 and \$11,250 consist entirely of United Way allocations and are considered fully collectible at December 31, 2020 and 2019, respectively. Management deems all other receivables fully collectible.

#### Note 4 Fixed Assets and Related Depreciation

Fixed assets and accumulated depreciation consisted of the following at December 31,:

			2020			
	 Cost		cumulated preciation	Book Value		
Furniture and Equipment	\$ 243,595	\$	205,624	\$	37,971	
Building	3,956,000		82,417		3,873,583	
Land	369,000				369,000	
Leasehold Improvements	97,124		42,698		54,426	
Construction in Progress	 426,685				426,685	
Total	\$ 5,092,404	\$	330,739	\$	4,761,665	
			2019			
		Aco	cumulated		Book	
	 Cost	De	preciation_		Value	
Furniture and Equipment	\$ 231,374	\$	185,499	\$	45,875	
Leasehold Improvements	97,124		35,161		61,963	
Construction in Progress	 72,698				72,698	
Total	\$ 401,196	\$	220,660	\$	180,536	

Depreciation expense amounted to \$110,079 and \$41,180 in 2020 and 2019, respectively.

### *Note 5* Paycheck Protection Program

In April 2020, the Council applied for a Paycheck Protection Program (PPP) loan in the amount of \$229,500 with the U.S. Small Business Administration through the Tompkins Trust Company. The loan was approved and the funds were received on April 28, 2020. The Council has not applied for forgiveness of the loan as of the date of this report, and have recorded the balance as a liability. Subject to the terms and conditions applicable to loans administered by the Small Business Association under the PPP, the unforgiven portion of the PPP loan is payable over a two year period at an interest rate of 1.00%, with a deferral of payments of principal, interest, and fees until the date on which the SBA conveys the loan forgiveness amount to the lender (or notifies the lender that no loan forgiveness is allowed), provided the borrow applies for forgiveness within 10 months after the last day of the covered period (and if not, repayment shall commence 10 months after the last day of the covered period).

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

#### *Note* 6 Debt

On February 28, 2020, the Council obtained a loan totaling \$4,500,000 at an interest rate of 4.5% to finance the purchase of the Council's Open Access Center. This loan was subsequently paid off during 2020 with proceeds from a contribution from the New York State Department of Health. Interest paid on the loan totaled \$38,241.

#### *Note 7* Net Assets

#### **Net Assets Without Donor Restrictions**

Management has disclosed net assets without donor restrictions in the following categories:

- Fees for Service Receivable OASAS has a right to these funds in the event the Council ceases to exist.
- Fixed Assets Net book value of the Council's investments in fixed assets.
- Board Designated Set aside for repayment of potential Medicaid take-back.
- Undesignated Net assets without donor restrictions used for continuing operations.

#### **Net Assets With Donor Restrictions**

Net assets with donor restrictions consist of promises to give in the future or funds received for specific programs or purposes. Promises to give in the future become available for use during the subsequent year and are then reclassified to net assets without donor restrictions. Funds restricted to specific programs are released from donor restrictions as program expenses are incurred.

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Net assets with donor restrictions consisted of the following at December 31,:

	 2020	2019
United Way Grant (Time Restriction)	\$ 10,000	\$ 7,500
Open Access (Time and Purpose Restriction)	24,632	93,893
Foundation Source (Time and Purpose Restriction)	100,000	100,000
OASAS Funding - Electronic Medical Records Project		
(Time and Purpose Restriction)	22,578	22,578
Innovation Grant (Time and Purpose Restriction)		55,713
Total	\$ 157,210	\$ 279,684

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors. Total net assets released from restrictions amounted to \$149,974 and \$517,762 for the years ended December 31, 2020 and 2019, respectively.

### *Note 8* Line of Credit

The Council maintains a line of credit in the amount of \$200,000 with an interest rate of 5.50% at a local financial institution which matures on April 5, 2021. There was an outstanding balance of \$42,717 at December 31, 2020. There was an outstanding balance of \$20,000 at December 31, 2019.

# NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

### *Note 9* **Program Services**

The Council classifies its program service activities as follows:

- Clinic The Outpatient Clinic offers comprehensive evaluations and treatment options for individuals, family members, and concerned others regarding the use of alcohol and other drugs.
- DETOX Stabilization Planning fees, not operational.
- Education and Prevention Activities include several programs meant to raise awareness within the community about the disease of addiction.
- Education/Prevention (BASICS) BASICS is a two-session program that provides education about alcohol and other substances in an interactive, one-on-one environment. Referral to this program offers young people a unique combination of meeting mandated requirements while being challenged to examine their own history, values, and patterns of use of alcohol and other drugs. The focus of the program is to educate young people about the risks of use; to understand the distinction between use, abuse, and dependence; and to potentially self-identify an alcohol or other drug problem. This program is presented within Education and Prevention in the financial statements.
- Non-OASAS Contracts Impaired Driver Program (IDP) The Council administers the Impaired Driver Program in Tompkins County. The program is taught by instructors approved by the New York State Department of Motor Vehicles.

### *Note 10* Lease Commitment

The Council leases its primary facility from Tompkins County under a lease which commenced April 1, 2001, for a five-year term, and renewed April 1, 2006, 2011, and 2016, respectively, for five-year terms, with an increase of 2% each year through March 31, 2021. The Council also leased the Detox and Stabilization Center from 2353 Triphammer, LLC (purchased from Blinder Property Company, LLC in March 2019) under a lease which commenced on December 1, 2018 for an eleven-year term through 2028. On February 28, 2020, the Council purchased previously leased Detox and Stabilization Center from 2353 Triphammer, LLC. Lease payments amounted to \$193,316 and \$390,336 for the years ended December 31, 2020 and 2019, respectively.

Future minimum lease payments are as follows:

# NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

#### *Note 11* Pension Plan

The Council participates in a defined contribution plan. All full-time employees are eligible to participate in the plan on the first day of the month after their date of hire. Employer contributions of 3% begin on the first day of the month after participants have completed one year of service. A year of service is credited for 1,000 hours of service in a calendar year. Employees are fully vested after three years of service. Pension expense amounted to \$36,226 and \$32,017 in 2020 and 2019, respectively.

### *Note 12* **Program Promotion and Advertising**

The Council promotes its programs among the audiences it serves through advertising and various promotional activities. The costs of program advertising and promotion are expensed as incurred. During 2020 and 2019, program advertising and promotion costs reported within program expenses totaled \$675 and \$11,614, respectively.

#### *Note 13* Commitments and Contingencies

#### **Risk Financing and Related Insurance**

The Council is exposed to various risks of loss related to, but not limited to, torts; theft of, damage to, and destruction of assets; injuries to employees; errors and omissions; natural disasters. These risks are covered by commercial insurance purchased from independent third parties. Settled claims from these risks have not exceeded commercial insurance coverage for the past three years.

#### **Other Items**

The Council receives grants which are subject to audit by outside agencies. Such audits may result in disallowances and a request for a return of funds.

### Note 14 Liquidity and Availability of Resources

The Council's financial assets available within one year of the Statements of Financial Position date for general expenditure are as follows:

	2020	2019
Financial Assets at Year End		
Cash and Equivalents	\$ 159,912	\$ 73,408
Accounts Receivable and Promises to Give	271,684	288,733
Total Financial Assets	431,596	362,141
Net Assets With Donor Restrictions	157,210	279,684
Board Designated Net Assets	60,800	60,800
Total Financial Assets Unavailable Within One Year	218,010	340,484
Total Financial Assets Available		
to Management Within One Year	<u>\$ 213,586</u>	<u>\$ 21,657</u>

The Council manages its financial assets to be available as its operating expenditures, liabilities, and other obligations come due. The Council has a \$200,000 line of credit available to meet cash needs.

# NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

#### *Note 15* Economic Uncertainty- COVID 19

In March 2020, the COVID-19 coronavirus outbreak was declared a pandemic. Actions taken around the world to help mitigate the spread of the coronavirus include restrictions on travel, quarantines in certain areas, and forced closures for certain types of public places and businesses. The coronavirus and actions taken to mitigate it have had, and are expected to continue to have, an adverse impact on the economies and financial markets of many countries, including the geographical area in which the Council operates. Although there is still uncertainty regarding what, if any, this will have on funding, the Council feels that it will be able to maintain operations in a fiscally sound manner.