20 Thornwood Dr., Suite 200 Ithaca, NY 14850 (607) 272-4444

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

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



The Highest Standard

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

SEPTEMBER 24, 2021

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

CLIENT COPY

ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2020 FORM 990

2020 NEW YORK FORM CHAR500

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

VERY TRULY YOURS,

INSERO & CO. CPAS, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2020

PREPARED FOR:

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

PREPARED BY:

INSERO & CO. CPAS, LLP 20 THORNWOOD DR., SUITE 200 ITHACA, NY 14850

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

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

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

▶ File a separate application for each return.▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Autom	atio 6 Month Extension of Time Calverthe	it origin	al (na papias paradad)							
	atic 6-Month Extension of Time. Only subm		· · · · · · · · · · · · · · · · · · ·							
	rations required to file an income tax return other than Fo			s, REMIC	s, and trusts					
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.							
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpave	r identification i	number (TIN)				
print	ALCOHOL AND DRUG COUNCIL OF	r								
-11	TOMPKINS COUNTY, INC.				16-0906024					
File by the due date for	e for Number, street, and room or suite no. If a P.O. box, see instructions.									
filing your return. See	201 EAST GREEN STREET, NO.	500								
nstructions.	City, town or post office, state, and ZIP code. For a fo ${\tt ITHACA}$, ${\tt NY}$ ${\tt 14850}$	reign addı	ress, see instructions.							
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			0 1				
Applicati	on	Return	Application			Return				
ls For		Code	Is For			Code				
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 990)-BL	02	Form 1041-A			08				
Form 472	20 (individual)	03	Form 4720 (other than individual)			09				
Form 990)-PF	Form 5227			10					
Form 990	orm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11				
Form 990)-T (trust other than above)	06	Form 8870			12				
Teleph If the control If this	DIRECTOR OF FIN 201 EAST GREEN one No. (607)274-6288 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the control o	STREE in the Uni Group Exe	Fax No. ►	f this is fo	r the whole gro					
xoc	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all membe	ers the extension	on is for.				
the	organization named above. The extension is for the organization named above. The extension is for the organization of the org	nization's		the exem	npt organization	return for				
	tax year beginning	, an	d ending		*					
2 If th	ne tax year entered in line 1 is for less than 12 months, change in accounting period	neck reasc	on: Initial return I	Final retur	'n					
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less							
<u>any</u>	nonrefundable credits. See instructions.			За	\$	0.				
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069,									
est	mated tax payments made. Include any prior year overpa	owed as a credit.	3b	\$	0.					
c Bal	ance due. Subtract line 3b from line 3a. Include your pay	yment with	this form, if required, by							
	ng EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.				
Caution: nstructio	If you are going to make an electronic funds withdrawal (ns.	(direct deb	oit) with this Form 8868, see Form 84	53-EO an	d Form 8879-E	O for payment				
_HA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.	Δ.	Form 886	68 (Rev. 1-2020)				

023841 04-01-20

EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

ΑI	For the	e 2020 calendar year, or tax year beginning ar	nd ending		
В	Check if applicabl	C Name of organization ALCOHOL AND DRUG COUNCIL OF		D Employer identific	cation number
	Addre				
	Name chang			16-09060	24
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 201 EAST GREEN STREET	Room/suite 5 0 0	E Telephone numbe (607)274	
	⊥return. termin ated		500	G Gross receipts \$	
	Amen	, , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re	
F	Applic				? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
<u> </u>	Tay-ey	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	7	list. See instructions
		te: NWW.ALCOHOLDRUGCOUNCIL.ORG	1, 01 021	H(c) Group exemptio	
		organization; X Corporation Trust Association Other	L Year		M State of legal domicile: NY
	art I	Summary	1 =		
	1	Briefly describe the organization's mission or most significant activities: THE	COUNCI	L OFFERS HO	PE AND
Governance		RECOVERY TO PEOPLE STRUGGLING WITH ADDIO			
nai	2	Check this box if the organization discontinued its operations or disp	osed of more	than 25% of its net ass	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	7_
		Number of independent voting members of the governing body (Part VI, line 1b)	4	7
δ 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	27
vitie	6	Total number of volunteers (estimate if necessary)		6	8
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		954,081.	5,844,576.
enc	9	Program service revenue (Part VIII, line 2g)		747,288.	751,231.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		433.	172.
_	'''	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
_	$\overline{}$	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,701,802.	6,595,979.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		1,203,632.	1,203,886.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	- b	Total fundraising expenses (Part IX, column (D), line 25) 46,		954,869.	954,732.
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,158,501.	2,158,618.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-456,699.	4,437,361.
9		Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year
Assets or	20	Total assets (Part X, line 16)		688,595.	5,297,750.
ASSE	21	Total liabilities (Part X, line 16)		203,055.	374,849.
Net/	-	Net assets or fund balances. Subtract line 21 from line 20		485,540.	4,922,901.
	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedu	ıles and statem	ents, and to the best of my	/ knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of			,
	,				
Sig	n	Signature of officer		Date	
Hei		▲ ANGELA SULLIVAN, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's pignature /		Date Check	PTIN
Paid	d	D. LESLIE SPURGIN / Like Jourge) ()9/27/2021 if self-employ	P01426295
Pre	parer	Firm's name INSERO & CO. CPAS, LLP		Firm's EIN ▶	47-5324570
Use	Only	Firm's address > 20 THORNWOOD DR., SUITE 200			
_		ITHACA, NY 14850		Phone no. (6	
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

TOMPKINS COUNTY, 16-0906024 Page 2 Form 990 (2020) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 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 Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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. 1,597,062. including grants of \$ 728,366.) (Expenses \$) (Revenue \$ OUTPATIENT CLINIC - THE OUTPATIENT CLINIC OFFERS COMPREHENSIVE EVALUATIONS AND TREATMENT OPTIONS FOR INDIVIDUALS, FAMILY MEMBERS, 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. 148,947. including grants of \$ 100. 4b) (Expenses \$) (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. 10,821 including grants of \$ 22,765.) (Expenses \$) (Revenue \$ IMPAIRED DRIVER PROGRAM -- THE 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. IS TAUGHT BY DMV-APPROVED INSTRUCTORS. Other program services (Describe on Schedule O.) including grants of \$) (Revenue \$

1,756,830.

Total program service expenses

Form **990** (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			٠,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
h	Part VI	11a	Λ	_
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			₩.
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	,	19		x
20-2	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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
	, the first conductivity and it is a second conductivity and i			

ALCOHOL AND DRUG COUNCIL OF Form 990 (2020) TOMPKINS COUNTY, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		х
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	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?			
	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?		7.7	
Da	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı a				
	Check if Schedule O contains a response or note to any line in this Part V			NI-
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_		-		
b	Enter the Harrist of Forms W. 2d Holded II The Fat. Enter of II Hot applicable			
C	(gambling) winnings to prize winners?	1c		
03200	4 12-23-20		990	(2020)

Form 990 (2020) TOMPKINS COUNTY, INC.

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

	i (continued)				Yes	No		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I	1 1		162	INO		
	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 return			2b	х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions							
За	D. I			За		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	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 Advanced in the Financi	ccoun	ts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	\longrightarrow	_ <u>X</u> _		
b				5b 5c		_X_		
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
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?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the statement that such contributions are statement than the statement that such contributions are statement than the statement that such contributions are statement to the statement that such contribut		gifts	Ch				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b				
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	rovided to the navor?	7a		Х		
			novided to the payor:	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?			7c		Х		
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 co	ontrac	t?	7e		X		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а				9a				
	, , , , , , , , , , , , , , , , , , , ,			9b				
10	Section 501(c)(7) organizations. Enter:	۔ مدا	1					
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b						
11	Section 501(c)(12) organizations. Enter:	IUD						
ıı a	Gross income from members or shareholders	11a	1					
b	Gross income from other sources (Do not net amounts due or paid to other sources against	110						
-	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c				77		
				14a		_X_		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					v		
	excess parachute payment(s) during the year?			15		<u>X</u>		
16	If "Yes," see instructions and file Form 4720, Schedule N.	inco	200	16		Х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Ves." complete Form 4720. Schedule O.	. ii icor	ne?	16		71		
	If "Yes," complete Form 4720, Schedule O.			Гогт	990	(2020)		

Form 990 (2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes on schedule 0. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
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			
	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			
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		Х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		
7a		7.		Х
	more members of the governing body?	7a_		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			₩
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
а	The governing body?	8a	_X_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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	X	
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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
h	Other officers or key employees of the organization	15b		Х
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16-				
IOa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
L	taxable entity during the year?	16a		Λ
D	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			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DIRECTOR OF FINANCE, MICHAEL LUCAS - (607)274-6288			
	201 EAST GREEN STREET, ITHACA, NY 14850			
		F	000	(0000

Form 990 (2020) TOMPKINS COUNTY, INC. 16-0 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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	n nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than d	nne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is officer and a director			on is both an		compensation	compensation	amount of
	week	_	cer an	la a a	an ector/trustee;		lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	m pen		(** 27 1033 141100)		and related
	below	idual	ution	 	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) ANGELA SULLIVAN	35.00									
EXECUTIVE DIRECTOR				Х				108,514.	0.	7,765.
(2) NANCY BUSSIERES	0.50									
TRUSTEE (PART YEAR)		Х						0.	0.	0.
(3) SHAWN MEYER	0.50	1							_	_
TRUSTEE		Х						0.	0.	0.
(4) DOUGLAS FREEMAN	0.50	ļ								
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) MICHELLE SHIPPOS	0.50	ļ								
PRESIDENT	0.50	Х		Х				0.	0.	0.
(6) ALLISON GRAFFIN	0.50									•
SECRETARY	0.50	Х		Х		_		0.	0.	0.
(7) ALEX REMIZOWSKI	0.50	-		,,						0
TREASURER	0.50	Х		Х		_		0.	0.	0.
(8) AMANDA VOORHEIS	0.50	х						0.	_	0
TRUSTEE (9) HENRY GRANISON	0.50	Α						0.	0.	0.
TRUSTEE	0.50	х						0.	0.	0.
INOSTEE		^	\vdash			\vdash		0.	0.	0.
		1								
		1								
		1								
		1								
		1								
					L	L	L			
					L	L				

Form 990 (2020)

Form 990 (2020) TOMPKINS	COUNTY,	I	NC						16-0	9060	24	Page	8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	j Hi	ghes	st C	ompensated Employee	s (continued)				_
(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per id a di	more rson i	than is both	n an	(D) Reportable compensation from	(E) Reportable compensation from relate	on d	Esti amo o	(F) mated ount of ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fro orga and	ensation m the nization related nizations	
													_
										-			_
													_
										\dashv			_
													_
													_
1b Subtotal								108,514.		0.	7	,765	_
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A						>	0. 108,514.		0.		,765	•
Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportabl	e			1
3 Did the organization list any former officer,	director, truste	ee, k	кеу є	empl	loye	e, or	hig	ghest compensated emp	loyee on		,	Yes No	>
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	<i>uch individual</i> ım of reportabl	 e co	mpe	 ensa	tion	and	oth	ner compensation from t	he organization		3	X	
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	X	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J f	or su	ıch ı	oers	on					5	X	_
Complete this table for your five highest co the organization. Report compensation for		-								pensati	ion fron	n	
(A) Name and business	address							(B) Description of s		C	(C) ompens		
ILLUME PROJECTS, LLC 398 THOMAS ROAD, ITHACA,	NY 1485	0					- 1	PROJECT MANA CONSULTING	GEMENT		123	,900	•
2 Total number of independent contractors (i	neludina but s	ot lin	nitos	1 +0 -	thes	o lic	tod	above) who received ma	ore than				
2 Total number of independent contractors (in particular for the contractors)	iolading but 11	טנ ווו	ille	10	11105		ieu	above, who received mo	JIE IIIAII				

Form **990** (2020)

Form 990 (2020) TOMPKIN
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Turiction revenue	business revenue	sections 512 - 514
Siδ	1 2	Federated campaigns 1a	21,846.				
ant		Membership dues 1b	,				
င်္ပ		Fundraising events 1c					
fts,							
ية إو			472,519.				
Sir			<u> </u>				
utic er	T	All other contributions, gifts, grants, and	350,211.				
ë			330,211.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f		5 011 576			
O B	r	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	5,844,576.			
		MEDICATO DELINDUDGEMENT	Business Code	F02 007	F02 007		
<u>e</u>	2 8		900099	523,927.	523,927.		
erv	k		900099	140,392.	140,392.		
ı S	C	OTHER FEE FOR SERVICE	900099	43,782.	43,782.		
ran 3ev	C		900099	40,866.	40,866.		
Program Service Revenue	€	MISCELLANEOUS	900099	2,264.	2,264.		
<u>a</u>	f	All other program service revenue					
	Ç	Total. Add lines 2a-2f		751,231.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		172.			172.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
ē		and sales expenses 7b					
ther Revenue		Gain or (loss) 7c					
ev		Net gain or (loss)	•				
e		Gross income from fundraising events (not					
윺		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	ŀ	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	<i>3</i> 6	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 2	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
\dashv		Net income or (loss) from sales of inventory					
<u>s</u>			Business Code				
eor Te	11 a						
Miscellaneous Revenue	k						
See.	C						
Mis	C	All other revenue					
	€	Total. Add lines 11a-11d		C FOE 050	751 001	^	150
	12	Total revenue. See instructions		6,595,979.	/51,231.	0.	172.

	Check if Schedule O contains a respons				X
	ot 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,	116 270	71 /50	20 106	E 62E
_	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				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	878,823.	800,703.	49,156.	28,964
8	Pension plan accruals and contributions (include	070,023	000,703.	45,150.	20,504
0	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):	0377031	33 / 7 03 0	0 / 1111	1/1/3
	Management				
	Legal	29,724.	26,324.	3,066.	334
	Accounting	14,500.	12,841.	1,496.	163
	Lobbying			= 7 = 2 = 1	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	296,771.	262,693.	30,681.	3,397
12	Advertising and promotion	·		,	•
3	Office expenses	13,794.	12,164.	1,230.	400
4	Information technology	91,064.	81,041.	8,581.	1,442
5	Royalties				
16	Occupancy	309,051.	185,317.	123,734.	
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	41,841.	40,393.	1,448.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	110,079.	42,497.	67,582.	
3	Insurance	23,809.	21,297.	2,512.	
24	Other expenses. Itemize expenses not covered 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.	
С	DUES & MEMBERSHIPS	3,259.	2,777.	162.	320
d	MISCELLANEOUS	2,771.		975.	1,796
е	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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X | Balance Sheet

	01 1:60 1 11 0 1:					
	Check if Schedule O contains a response or no	ote to any	line in this Part X			X
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1,104.	1	1,172.
2					2	158,740.
3				162,138.	3	78,751.
4			126,595.	4	192,933.	
5						
	trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
	controlled entity or family member of any of the	ese persor	ns		5	
6	Loans and other receivables from other disqua	ons (as defined				
	under section 4958(f)(1)), and persons describe	ed in section	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			145,918.	9	104,489.
10a						
	basis. Complete Part VI of Schedule D	10a	5,092,404.			
b				180,536.	10c	4,761,665.
11					11	
12					12	
13				13		
14						
15				500 505		
16						5,297,750.
17				134,660.		44,228.
					21	
22			I			
					00	
				20 000		42,717.
			Г	20,000.		229,500.
					24	229,500.
25						
	(0			18 395	0.5	58,404.
26						374,849.
20		ock here	X	203,033.	20	3/4,040
		ieck liele	<u> </u>			
27				205.856.	27	4,765,691.
	***************************************					157,210.
29		s			29	
			Г			
				485,540.		4,922,901.
						5,297,750.
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15	 Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of th Loans and other receivables from other disqua under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must ed Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, sub controlled entity or family member of any of th Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, parties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or of Retained earnings, endowment, accumulated Total net assets or fund balances 	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial cocontrolled entity or family member of any of these persor of Loans and other receivables from other disqualified persunder section 4958(f)(1)), and persons described in section Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 10b Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 Intangible assets 15 Other assets. See Part IV, line 11 Intangible assets 16 Other assets. Add lines 1 through 15 (must equal line 33 Intangual line 34 Intangual line 34 Intangual line 35 Intangual line 36 Intangual line 37 Intangual line 37 Intangual line 38 Intangual line 39	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f/1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,092,404. b Less: accumulated depreciation 10b 330,739. 11 Investments - publicity traded securities 12 Investments - publicity traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here 28 Net assets with donor restrictions 29 Net assets with donor restrictions 30 Organizations that do not follow FASB ASC 958, check here 31 Acquality and the liability and complete lines 29 through 33. 32 Capital stock or trust principal, or current funds 33 Paid-in or c	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 162,1338. 4 Accounts receivable, net 126,595. 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,092,404. b Less: accumulated depreciation 10b 330,739. 180,536. 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 688,595. 134,660. 18 Grants payable 19 Deferred revenue 17 Exexempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 279,684. 279,684. 279,684. 37 Net assets without donor restrictions 279,684. 38 Capital stock or trust principal, or current funds 39 Paichin or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 30 Paic	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deterred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 11 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 12 Investments - brogram-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 15 Total assets. Add lines 11 through 15 (must equal line 33) 16 88 8,595. 16 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Loans and other 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 22 Controlled entity or family member of any of these persons 22 Socured notes and loans payable to unrelated third parties 23 Secured mortages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Often liabilities (including feeder lincome tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X or Schedule D 25 Organizations that follow FASB ASC 958, check here 36 Paid-in or capital surplus, or land, building, or equipment fund 37 Pateined earnings, endowment, accumulated income, or other funds 38 Pat

Form **990** (2020)

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	6,59		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,15	<u>8,6</u> :	<u> 18.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	4,43	7,3	<u>61.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48	5,5	<u>40.</u>
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,				
	coluṃn (B))	10	4,92	2,9	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

ALCOHOL AND DRUG COUNCIL OF **Employer identification number** Name of the organization TOMPKINS COUNTY, 16-0906024 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f) 6 Public support. Subtract line 8 from line 4. 8 Cross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, see income from unrelated 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. But or 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. But or the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 90.18 9	Sec	Section A. Public Support										
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subvactime 6 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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 21 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 The value of services or facilities from 2019 Schedule A. Part II, line 14 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (fi) 15 Public support percentage from 2019 Schedule A. Part II, line 14 16 33 1/3% support test - 2020. If the organization of line (the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization.	Cale	Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total										
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17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,				
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation				
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization						
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or				
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions					

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	etion A. Public Support	now, picase comp	olete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	e organization's fi	iret eacond third	fourth or fifth to:	Vear as a scotion !	501(c)(3) organizatio	L
1**	check this box and stop here	-			-		
Sec	ction C. Computation of Public	c Support Per	rcentage				
	Public support percentage for 2020 (lii			column (f))		15	%
16						16	<u> </u>
	ction D. Computation of Inves					<u>, .~ , </u>	70
17				ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box an	-					
k	33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						

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Schedule A (Form 990 or 990-EZ) 2020

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.)

	Yes	No
4		
1		
2		
За		
3b		
Зс		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
0.0		
9с		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
			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		
	· · · · · · · · · · · · · · · · · · ·	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			
		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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove 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.	2		
Sec	tion C. Type II Supporting Organizations	Т		
			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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	non b. All Type III Supporting Organizations	Т	1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction Test Angus Vince Co. and Oh below.	uctions		N _a
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 purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	00		
L	that these activities constituted substantially all of its activities.	2a		
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	2h		
2	these activities but for the organization's involvement. Percent of Supported Organizations, Appear lines 2a and 3h below.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU		

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

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Schedule A (Form 990 or 990-EZ) 2020

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

instructions).

emergency temporary reduction (see instructions).

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2020 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(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			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D,			
line 7:			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c 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			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h			
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:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

ALCOHOL AND DRUG COUNCIL OF

16-090<u>6024 Page 8</u> Schedule A (Form 990 or 990-EZ) 2020 TOMPKINS COUNTY, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part VI 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 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2020

OMB No. 1545-0047

Name of the organization

ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.

Employer identification number

16-0906024

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules						
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	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, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it mu	ust 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Name of organization
ALCOHOL AND DRUG COUNCIL OF
TOMPKINS COUNTY, INC.

Employer identification number

16-0906024

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	lai 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	\$ 325,878.	Person X Payroll
(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
(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	\$_4,930,614.	Person X Payroll
(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.)

Name of organization Employer identification number ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.

16-0906024

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

Name of organization **Employer identification number** ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC. 16-0906024 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.

Employer identification number 16-0906024

Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	, ,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		ed funds
	are the organization's property, subject to the organization's e	•	
6	Did the organization inform all grantees, donors, and donor ac		
Ū	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizatio		,
•	Preservation of land for public use (for example, recreat		f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space	Treservation o	Ta doranica meterio caractare
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а			_
b			
c			
	Number of conservation easements included in (c) acquired at		
	listed in the National Register	•	I I
3	Number of conservation easements modified, transferred, rele		
	year >	, ,	3
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fu	ırtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB AS	_	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

	t III Organizations Maintaining C	Sollections of Ar		orical Tre	easures. O	r Othei		Assets			age Z
_									(contir	<u>nued)</u>	
3											
	collection items (check all that apply):										
a											
b	Scholarly research	е	•(Other							
С	Preservation for future generations					,					
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
5	to be sold to raise funds rather than to be ma				*				Yes		No
Par	t IV Escrow and Custodial Arran										_ INO
	reported an amount on Form 990, Pal		ete ii tile	organizatio	ni answered	163 011	1 01111 990	, raitiv,	ii ie 3, 0i		
	Is the organization an agent, trustee, custodi		liary for c	contribution	s or other as	sets not i	included				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ 100		_ 110
-		aa cop.o.c a							Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fe								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete i	if the organization an	swered '	"Yes" on Fo	orm 990, Part	IV, line 1	10.				
		(a) Current year		rior year	(c) Two yea		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	ı, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administer	red for th	e organiza	ation	ſ		
	by:									Yes	No
(i) Unrelated organizations						3a(i)					
(ii) Related organizationsb If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?							3a(ii)				
b									3b		
4 Do	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par											
	Complete if the organization answere							.			
	Description of property	(a) Cost or o basis (investr		basis	t or other (other)	. ,	ccumulate preciation	ed	(d) Boo	k valu	e
1a	Land				9,000.					9,0	
b	Buildings				6,000.		82,43		3,87		
С	Leasehold improvements				7,124.		42,69			4,4	
d	Equipment				3,595.		205,62	24.		7,9'	
<u>e</u>	Other			42	6,685.					6,6	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B). line 1	0c.)				4,76	1,6	65.

Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.			
(a) Descri	Complete if the organization answered "Yes" (iption of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or en	d of year market value
	del alestroations	(b) Book value	(c) Method of Valuation. Cost of en	u-or-year market value
	cial derivatives			
	y 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.)			
	II 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 en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answered "Yes" (on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
		Description	, ,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	lumn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.	15.)	>	
	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
$\overline{}$	ederal income taxes			
(2) C	OMPENSATED ABSENCES			58,404.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	<u>lumn (b) must equal Form 990, Part X, col. (B) line</u>			58,404.
	ty for uncertain tax positions. In Part XIII, provide			
organi	zation's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been pr	ovided in Part XIII

032053 12-01-20

Schedule D (Form 990) 2020

16-0906024 Page 4 TOMPKINS COUNTY, INC. Schedule D (Form 990) 2020 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 6,595,979. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 6,595,979. Subtract line 2e from line 1 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 Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 6,595,979. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,158,618. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 2,158,618. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 2,158,618. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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.

Schedule D (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.

Employer identification number 16-0906024

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
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	254,690.
MANAGEMENT AND GENERAL EXPENSES	29,652.
FUNDRAISING EXPENSES	3,250.
TOTAL EXPENSES	287,592.
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	G COUNCIL OF
TOMPKINS COUNTY, INC. RECEIVED A LOAN IN THE AMOUNT OF \$2	229,500 UNDER
THE PAYCHECK PROTECTION PROGRAM (PPP). THE LOAN MAY BE F	FORGIVEN,
PURSUANT TO AND SUBJECT TO THE TERMS SPECIFIED IN THE PAY	CHECK
PROTECTION PROGRAM. IF THE LOAN IS NOT FORGIVEN, THE LOA	AN TERM WOULD
BE REPAID OVER A TWO-YEAR PERIOD AT AN ANNUAL INTEREST RA	ATE OF 1%. chedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization ALCOHOL AND DRUG COUNCIL OF	Employer identification number
TOMPKINS COUNTY, INC.	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.	

2020 DEPRECIATION AND AMORTIZATION REPORT

	Ending Accumulated Depreciation	205,624.	42,698.		82,417.		330,739.							JC OE uvi
	Current Year Deduction	20,125.	7,537.	0.	82,417.	0.	110,079.							* ITC Salvade Bonie Commercial Bevitalization Deduction GO Zone
	Current Sec 179 Expense													ctived leione
	Beginning Accumulated Depreciation	185,499.	35,161.				220,660.							Bonie Comm
	Basis For Depreciation	243,595.	97,124.	426,685.	3,956,000.	369,000.	5,092,404.							ODCIVICO OTI
*	Reduction In Basis													*
	Section 179 Expense													
066	Bus % Excl													000
	Unadjusted Cost Or Basis	243,595.	97,124.	426,685.	,956,000.	369,000.	5,092,404.							besonaid tessor (I)
	Nor >	16	MM 16	АН	MM163		<u> </u>							
	Life	5.00	39.00	000	39.00									
	Method	SI	SI	NC	SI	ı								
	Date Acquired	VARIOUS	VARIOUS	VARIOUS	VARIOUS	VARIOUS								
FORM 990 PAGE 10	Description	FURNITURE & EQUIPMENT	LEASEHOLD IMPROVEMENTS	CONSTRUCTION IN PROGRESS	BUILDING	LAND	* TOTAL 990 PAGE 10 DEPR							-01-20
ORM 95	Asset No.	Н	2	Э	4	5								028111 04-01-20

(D) - Asset disposed

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