

CitizenAudit.org

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0 22	15,304.91
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	15,304.91

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **Non-partisan issue-based forum for residents of Adks**

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Public awareness of issues of importance to residents of the Adirondack Park including North Country Public Radio underwriting. There is no way to estimate the number of persons benefited. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	10,937.20
29 AdkAction.org website design and hosting for the purpose of public awareness of issues of importance to the residents of the Adirondack Park. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	6,000.00
30 Printing, publishing, and postage for the Salt Study and Rail to Trails publications; to promote public awareness with respect to these issues. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	8,501.14
31 Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	10,646.55
32 Total program service expenses (add lines 28a through 31a)	32	35,157.97

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
David Wolff 4 Old Oscalete Rd, Ridgefield, CT 06877	President 2 hours	0	0	0
Marsha Stanley 15 W 53rd St, NY, NY 10019	Vice President 2 hours	0	0	0
Linda Tauber 91 Prior Court, Oradell, NJ 07649	Treasurer 1 hour	0	0	0
Jim Crane 763 Bartlett Carry Rd, Tupper Lake, NY 12986	Secretary 1 hour	0	0	0
Board members' information: on Schedule O				
No Officer or Board Member received any compensation or benefits. All serve on a volunteer basis.				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b	
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41	List the states with which a copy of this return is filed. ▶ New York		
42a	The organization's books are in care of ▶ Linda Tauber Telephone no. ▶ 201-262-0176 Located at ▶ 91 Prior Court, Oradell, NJ 07649 ZIP + 4 ▶ 07649		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
		46	✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

47	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	Yes	No
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<i>Linda Tauber, Treasurer</i>	4/25/12
	Linda Tauber, Treasurer	4/25/12

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

AdkAction.org, Inc.
27-4514665

990 EZ 2011

AdkAction.org, Inc. applied for 501(c) (3) status. Form 1023 was submitted in July 2011. A final ruling has not yet been received.

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
AdkAction.org, Inc.

Employer identification number
27-4514665

Part I, Line 16 Other Expenses

Public Awareness: North Country Public Radio	\$10,937.20
Website Design and Hosting	6,000.00
Conferences	3,228.75
Annual Meeting	3,104.77
Secretarial Services	2,348.52
Contribution: Adirondack Lake Assessment Program	2,000.00
Filing Fees	895.25
D & O Insurance	719.34
Paypal Fees	318.30
Total Other Expenses	\$29,552.13

Part III, Line 31 Other Program Services

Intern: assisted with all of the program services	\$5,417.80
Conferences: Salt Study, Assessors Best Practices	3,228.75
Contribution: Adirondack Lake Assessment Program to assess health of lakes	2,000.00
Total Other Program Services	\$10,646.55

Part IV List of Directors: Please see attachment. No Officer or Director receives any compensation or benefits. All serve voluntarily.

AdkAction.org, Inc.

27-4514665

Attachment: Form 990-EZ Schedule O

Directors on 12/31/11

Joan Grabe	5099 Joewood Drive, Sanibel, FL 33957
Ernest Keet	PO Box 1199, Saranac Lake, NY 12983
Richard Kibben	932 Kiwassa Lake Road, Saranac Lake, NY 12983
Airlie Lennon	33 Gramatan Ct., Bronxville, NY 10708
Richard Maid	PO Box 1899, Lake Placid, NY 12946
Barbara Plumadore	PO Box 11, Saranac Lake, NY 12983
Jim Schoff	1585 East 118th St, Cleveland, OH 44106
Fred Schwarz	598 County Rte. 45, Tupper Lake, NY 12986
Phyllis Thompson	14525 Misty Meadow Lane, Houston, TX 77079
Ross Whaley	478 Bungalow Bay, Tupper Lake, NY 12986