Citizen Audit.org

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

А	For the	2011 calenda	ir year, or tax yea	ar beginning	J			, 2011,	ana enair	ng			1	, 20	
В	Check if ap	pplicable	C Name of organiz	zation							D Empl	oyer ide	ntification n	umber	
닏		AdkAction.Org, Inc.							27-4514665						
片	Name cha	-	Number and street	(or PO box,	if mail is not deliv	vered to stree	t address)		Room/sui	te	E Telep	Telephone number			
Ħ	Initial retui		P.O. Box 655							ŀ		201-262-0176			
	Amended		City or town, state	• •	d ZIP + 4						F Grou	ıp Exen	nption		
	Applicatio	n pending	Saranac Lake, N	Y 12983							Num	Number ►			
G	Account	ting Method:	✓ Cash 🔲		Other (specify)					нс	Check I	► 🗌 if	the organiz	ation is no	
	Websit		adkaction.org		400 FOR	•					•		ch Schedul		
J.	Tax-exen	npt status (che	ck only one) — 🔽	501(c)(3)	501(c) () 🖪 (insert r	o.) 🗌 4947	7(a)(1) or	<u> </u>	(Form 99	90, 990	-EZ, or 990	-PF).	
K	Check >		organization is no												
). A Form 990-EZ				ugh Form	990-N (e	-postcard	l) may	be req	uired (s	ee instructi	ons). But if	
	_		ses to file a return		•										
			o, to line 9 to deter	•		•		or more,	or if total a	ssets	(Part II,				
	line 25, c		w) are \$500,000 or						•		•	▶ \$			
Ŀ	Part I		e, Expenses,												
_		Check If	the organizatio	n used Sc	hedule O to	respond t	o any qu	estion i	n this Pa	art I				🗸	
	1	Contributio	ns, gifts, grants	, and simila	ar amounts re	eceived.						1		36,536.98	
	2	Program se	rvice revenue ir	ncluding go	vernment fee	es and con	tracts				[2			
	3	Membershi	p dues and ass	essments .							[3		25,725.00	
	4	Investment	income								[4			
	5a	Gross amo	unt from sale of	assets oth	er than inven	ntory .		5a							
	b	Less: cost	or other basis a	nd sales ex	penses			5b							
	С	Gain or (los	s) from sale of a	assets othe	r than invent	ory (Subtra	ct line 5b	from li	ne 5a) .			5c			
	6	Gaming an	d fundraising ev	ents/											
	a	Gross inco	me from gam	ning (attacl	h Schedule	G if great	ater than								
Revenue		\$15,000) .						6a							
Ve	b	Gross inco	ne from fundrai	ising events	s (not includir	ng \$		of	contribu	itions					
æ		from fundra	aising events re	ported on	line 1) (attacl	h Schedule	G if the								
		sum of suc	h gross income	and contril	outions exce	eds \$15,00	10)	6b							
	С		expenses from					6с							
	d	Net income	or (loss) from	gaming ar	nd fundraising	g events (a	add lines	6a and	6b and	sub	tract				
		line 6c) .									[6d			
	7a	Gross sales	of inventory, le	ess returns	and allowand	ces		.Za				~ .			
	b		of goods sold					(7b)	TYPE						
	С	Gross profi	t or (loss) from s	sales of inv	entory (Subtr	act line 7b	goni line	-7a)		D.		7c			
	8	Other rever	ue (describe in	Schedule (O)		©			. 1	Ĭ	8			
_	9	Total reve	ue. Add lines 1	, 2, 3, 4, 50	c, 6d, 7c, and	18	8 A	PR. B	0 2012		O	9		62,261.98	
	10	Grants and	sımilar amounts	s paid (list i	n Schedule (O)					2	10			
	11	Benefits pa	id to or for mem her compensati	nbers			· ·	PIP		_,\		11			
es	12	Salaries, ot	her compensati	on, and em	iployee bene	fits	40,0	פענ	N. U	72		12		5,417.80	
Expenses	13	Professiona	al fees and other	r payments	to independ	lent contra	ctors .			•		13		3,486.00	
	. 14	Occupancy	, rent, utilities, a	and mainter	nance						[14			
ũ	15	Printing, pu	nting, publications, postage, and shipping								[15		8,501.14	
	16	Other expe	nses (describe i	in Schedule	eO)						[16		29,552.13	
	17	Total expe	nses. Add lines	10 through	<u>1</u> 16						. ▶ [17		46,957.07	
Ś	18	Excess or (deficit) for the ye	ear (Subtra	ct line 17 fror	m line 9)						18		15,304.91	
Net Assets	19	Net assets	or fund balance	es at begin	nning of year	(from line	27, colu	mn (A))	(must ag	gree	with				
		end-of-yea	figure reported	on prior y	ear's return)						[19		0	
	20	Other chan	ges in net asset	s or fund b	alances (exp	lain in Sch	edule O)					20		0	
Z	21		or fund balance									21		15,304.91	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

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Form **990-EZ** (2011)

Pa	•	•				
	Check if the organization used Schedul	e O to respond to a	ny question in this			<u> </u>
				(A) Beginning of year	<u> </u>	(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 distribution (describe in Cabadda C)				25	
26	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column	n (P) must sares wit			26 27	45 204 01
27 Par				Dort III.)	21	15,304.91
rai	Check if the organization used Schedul	•		,	1	Expenses
What	is the organization's primary exempt purpose?	Non-partisan issue				quired for section (c)(3) and 501(c)(4)
		· ·				anizations and section
as m	ribe the organization's program service accompleasured by expenses. In a clear and concise rooks benefited, and other relevant information for e	manner, describe the ach program title.	e services provide	d, the number of		7(a)(1) trusts, optional others.)
28	Public awareness of issues of importance to reside Radio underwriting.		Park including Nor	th Country Public		
	There is no way to estimate the number of persons					
		t includes foreign gr			288	10,937.20
29	AdkAction.org website design and hosting for the p	ourpose of public awa	reness of issues of	importance		
	to the residents of the Adirondack Park.					
					l	
		t includes foreign gr		▶ 📙	298	6,000.00
30	Printing, publishing, and postage for the Salt Study		blications;		Į	
	to promote public awareness with respect to these	issues.				
	(Cranta \$ 0) If this arrays	4			00-	0.501.14
24	(Grants \$ 0) If this amoun Other program services (describe in Schedule O)	30a	8,501.14			
31	•	24.	10 646 55			
32	Total program service expenses (add lines 28a	t includes foreign gra	ants, check here .	P <u> </u>	31a	
Par	V List of Officers, Directors, Trustees, and Ke	v Employees List ear	ch one even if not co	mnensated (see the		
	Check if the organization used Schedule				113111	
	Onder Harbon garmacation according to		(c) Reportable	(d) Health benefits,	$\dot{\top}$	
 .	(a) Name and address	(b) Title and average hours per week devoted to position	compensation (Forms W-2/1099-MISI (if not paid, enter -0-		`	Estimated amount of other compensation
	i Wolff	President			- 1	
4 Old	Oscalete Rd, Ridgefield, CT 06877	2 hours		0	0	0
	•••••••••••••••••••••••••••••••••••••••					
Marc	na Stanley			 	+	
	53rd St, NY, NY 10019	Vice President				
13 44	3314 31, 141, 141 10019	2 hours	<u></u>	0	0	0
	•••••					
Linda	Tauber				+	
	ior Court, Oradell, NJ 07649	Treasurer 1 hour		o	0	0
		THOU	 - -	<u> </u>	+	
		·-				
Jim (Crane	<u> </u>		<u> </u>	+	·
	artlett Carry Rd, Tupper Lake, NY 12986	Secretary 1 hour		o	0	0
	, , , , , , , , , , , , , , , , , , , ,	1 11041			-	<u>-</u>
		*		•		
Boar	members' information: on Schedule O					
		-				
No O	ficer or Board Member received any compensation				\top	
	nefits. All serve on a volunteer basis.					
					\top	
			<u></u>		}	
						• • •
			İ			

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part		
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	33	Yes	No ✓
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)	34		√
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)?	35a		1
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		
С	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		1
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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a	, , ,	√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	ı		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	_,		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		√
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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. ▶	201-26	2-0176	3
	Located at ▶ 91 Prior Court, Oradell, NJ 07649 ZIP + 4 ▶	076	349	
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)?	42b	Yes	No ✓
	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.		•	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		,)	▶ □
	Did it		Yes	No
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 d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
	Form 990-EZ (see instructions)	45b		

	•	ı.					_	Ye	S NO	
46 (Did t	he organization engage, directly or in	ndirectly, in political o	ampaign activities	on behalf	of or in opposi	tion 🔚			
		andidates for public office? If "Yes,"						16		
Part	VI	Section 501(c)(3) organizations								
		501(c)(3) organizations and secti			trusts mu	ist answer qu	estions	3 4 <i>1-</i> 49	ab	
		and 52, and complete the tables								
		Check if the organization used Scl	nedule O to respond	to any question	n this Par	: VI	<u> </u>		<u> </u>	
							. —	Yes	s No	
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									
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
49a	Did the organization make any transfers to an exempt non-charitable related organization?									
_ b		es," was the related organization a se						9b	ا	
50		plete this table for the organization's								
	empi	oyees) who each received more than	\$100,000 of comper	nsation from the or	- .		e, enter	"None	•	
	(a) N	lame and address of each employee	(b) Title and average	(c) Reportable	(d) Health benefits, contributions to employee (e)) Estimated amount of		
		paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MIS	SC) benefit p	lans, and deferred		compens		
				,	- CC	mpensation				
					Ì					
f		number of other employees paid over								
51	Comp \$100	plete this table for the organization' ,000 of compensation from the orga	s five highest compe	ensated independe	ent contrac	tors who eacl	n receiv	ed mor	re than	
	Ψ100	,000 or compensation from the orga	nization. Il there is no	ne, enter None.						
(a)	Name a	and address of each independent contractor pa	d more than \$100,000	(b) Type of	service	(c	Compen	sation		
										
			••••••			ļ				
	•			1						
				-						
						-				
••••		•••••	••••••							
	••		••••••							
	Total	number of other independent contra	ctore each receiving	Over \$100,000		J	0			
52			•		. – –	47/-\/4\	U			
32	none	he organization complete Schedule A xempt charitable trusts must attach a	A MOTE: All Section 5	۱۱(د)(ع) organizatio	ons and 49	47(a)(1)	. .	/aa 🗆	Ma	
Lindor o					• • •			'es ⊔	No	
true, cor	enames rect, an	of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than	eturn, including accompan officer) is based on all info	ying schedules and stat irmation of which prepai	ements, and t rer has anv kn	o the best of my kr	nowledge	and belie	ef, it is	
	- 		ams unua		or nas arry na	4/2/				
Sign		Signature of officer	Date							
Here										
		Linda Tauber, Treasurer Type or print name and title	4/25/12							
	l		Preparer's signature		Date		. РП	N		
Paid		Print/Type preparer's name	opaici s signature		Jaio	Check	ıf	1		
Prep		Symin name				self-emplo	yea			
Use (Only	Firm's name				Firm's EIN ►				
May th	ne IRS	Firm's address ► discuss this return with the preparer	shown above? See i	nstructions		Phone no	<u> </u>	/oo —	Ne	
		and reserve with the property	221111 MDOAC! OCC				- 1	'es 🗌	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

Employer identification number

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.

Open to Public Inspection

AdkAction.org, Inc. 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 2,348.52 **Secretarial Services** 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 2,000.00 Contribution: Adirondack Lake Assessment Program to assess health of lakes **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, Sanibell, 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 1298

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