EXTENDED TO NOVEMBER 15, 2022

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

Inspection

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

A	or the	e 2021 calendar year, or tax year beginning and	ending						
В	Check if applicabl	cation number							
X	Addre	THOUSAND ISLAND PARK FOUNDATION, INC.							
	Name chang			46-28197	24				
	Initial return		Room/suite	E Telephone numbe					
L	Final return			315-482-					
	termin ated		G Gross receipts \$	34,111.					
F	Amended return THOUSAND ISLAND PARK, NY 13692 H(a) Is this a group return								
L	Application pendir	I F Name and address of principal officer: It Total Difficulty		for subordinates					
			1 1	H(b) Are all subordinates in					
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	-	list. See instructions				
		te: TIPARKFOUNDATION.COM	1	H(c) Group exemptio					
		organization: X Corporation Trust Association Other	L Year	of formation: ZUISIN	State of legal domicile: NY				
Pe	art I	Summary	TDDAD	OTTEMITED AT A	NTD				
Se		Briefly describe the organization's mission or most significant activities: TO SUEDUCATIONAL PROGRAMS IN THOUSAND ISLAND							
Governance	1								
Veri	1	Check this box if the organization discontinued its operations or dispose		1 1	ssets.				
S	4	Number of voting members of the governing body (Part VI, line 1a)		3	11				
Activities &		Number of independent voting members of the governing body (Part VI, line 1b)			0				
ţie		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			12				
χį		Total number of volunteers (estimate if necessary)			0.				
A		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	l b	Net differenced business taxable income from Form 990-1, Part 1, line 11	Т	Prior Year					
	8	Contributions and grants (Part VIII line 1h)	-	36,776.	Current Year 27, 208.				
Revenue	1	Contributions and grants (Part VIII, line 1h)		0.	0.				
	1	Program service revenue (Part VIII, line 2g)		5,374.	5,589.				
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		500.	1,314.				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,650.	34,111.				
***************************************	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,260.	14,630.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
40		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
oen			0.		•				
X	1	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,905.	14,576.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,165.	29,206.				
	1	Revenue less expenses. Subtract line 18 from line 12		19,485.	4,905.				
es	19	Nevertue less expenses. Subtract line 10 from line 12	B	eginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		536,649.	597,558.				
Ass	21	Total liabilities (Part X, line 16)		0.00	0.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		536,649.	597,558.				
Pa	art II	Signature Block		000,0250	33.70001				
	AND DESCRIPTION OF THE PERSON NAMED IN	lties of perjury, I declare that I have examined this return, including accompanying schedule:	s and staten	nents, and to the best of m	v knowledge and belief, it is				
		et, and complete. Declaration of preparer (other than officer) is based on all information of wh			,,,,,,				
	,	Richard Hansinger	1 1	10/2	1/2022				
Sig	n	Signature of officer		Date	1/0000				
Her		RICHARD HANSINGER, PRESIDENT							
1 101	•	Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	d	RICHARD FARLEY JR., CPA Miland Fally factor		L0/21/22 if self-employ	P01083459				
	parer	Firm's name BOWERS & COMPANY CPAS PLLC		Firm's EIN	20-1317788				
	Only	Firm's address 120 MADISON ST - 1700 AXA TOWER	II						
	SYRACUSE, NY 13202 Phone no.315-234-1100								
Mar	v the II	RS discuss this return with the preparer shown above? See instructions			X Yes No				
Control of the Contro	001 12-0		ons.		Form 990 (2021)				

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF THE THOUSAND ISLAND PARK FOUNDATION (AN INDEPENDENT	
	NON-FOR-PROFIT PUBLIC FOUNDATION) IS TO PROVIDE A PHILANTHROPIC	
	ENVIRONMENT THAT SUPPORTS AND FACILITATES THE EDUCATIONAL, CULTURAL,	
	RELIGIOUS AND RECREATIONAL ACTIVITIES OF THE HISTORIC DISTRICT KNOWN	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	40
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	40
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 26 , 291 • including grants of \$ 14 , 630 •) (Revenue \$)
	THE THOUSAND ISLAND PARK FOUNDATION, INC. SUPPORTS AND FACILITATES A	
	GREATER LIFE EXPERIENCE FOR ALL WHO RESIDE AND VISIT THOUSAND ISLAND	
	PARK, N.Y.	
	IN 2021 THE FOLLOWING GRANTS WERE AWARDED BY THOUSAND ISLAND PARK	
	FOUNDATION, INC.:	
	A.TABERNACLE ASSOCIATION \$2,000	
	B.LANDMARK SOCIETY 500	
	C.THOUSAND ISLAND PARK YACHT CLUB 4,000	
	D.FRIENDS OF ROCK RIDGES 1,000	
	E.THOUSAND ISLAND PARK MUSEUM 1,000	
	F.THOUSAND ISLAND PARK LIBRARY 500	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 26,291.	

Form 990 (2021) THOUSAND ISL. 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? See instructions	2	Х	
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		х
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		х
-	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		-25
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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?	401		x
40	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 Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
	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		х
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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		Х
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		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			.
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			\ _{3,7}
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		
		<u> </u>	000	

021) THOUSAND ISLAND PARK FOUNDATION, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return		0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns								
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions		_		Х				
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
			3b	1					
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		X				
h	If "Yes," enter the name of the foreign country	accounty?	-1 a						
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa				Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ partly \ excess \ ex$	vices provided to the payor	? 7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required							
	to file Form 8282?	l 1	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of				X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year.			-	Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo								
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interior deposit and policy of the deposit of the depos		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.		-						
а	Did the agree of a constitution and a great scale of the state of the		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l l	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?		15	$oldsymbol{\mathbb{L}}_{-}$	Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								
17	$\textbf{Section 501(c)(21) organizations.} \ Did the trust, any disqualified person, or mine operator engage in the trust of the trust of$	any		1					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	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 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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:			
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
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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			
	on Schedule O how this was done	12c	X	77
13	Did the organization have a written whistleblower policy?	13		X
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?			77
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, are	d finar	ncial	
	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 THE ORGANIZATION - 315-482-2576			
	12822 ST LAWRENCE AVE LINITY 236 THOUSAND TSLAND PARK NV 1369	2		

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

X Check this box if neither the organization n		Ji ga	A1 114C			npei	Jac			(E)
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average	(do not check more than of box, unless person is both			than		Reportable compensation	Reportable	Estimated amount of	
	hours per week			r and a director/trustee)				from	compensation from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				pe		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trus	nal tru		oyee	omp.		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig em p	Fori			
(1) JAMES BRASSER	2.00								_	
FORMER CHAIRPERSON / CURRENT DIRECTO		Х		Х				0.	0.	0.
(2) RICHARD HANSINGER	2.00									
CHAIRPERSON / PRESIDENT		Х		Х				0.	0.	0.
(3) MICHAEL PHELPS	2.00									
TREASURER / DIRECTOR		Х		Х				0.	0.	0.
(4) KENT HUMPHRIES	2.00									
DIRECTOR		Х						0.	0.	0.
(5) JOHN BRANDANO	2.00									
DIRECTOR		х						0.	0.	0.
(6) LYNN KASSOUF	2.00									
FORMER DIRECTOR		х						0.	0.	0.
(7) MICHAEL STEDEM	2.00									
VP/VICE CHAIR		х		x				0.	0.	0.
(8) DEBORAH PHILLIPS	2.00							_		-
SECRETARY		х		x				0.	0.	0.
(9) DANIEL KEANE	2.00	Η-		-				•		•
DIRECTOR		x						0.	0.	0.
(10) EDWARD ADAMS	2.00									
DIRECTOR	2.00	x						0.	0.	0.
(11) ELIZABETH ADAMS	2.00								•	•
DIRECTOR	2.00	Х						0.	0.	0.
(12) CHRISTINA NEMEC	2.00							•	0.	•
DIRECTOR	2.00	Х						0.	0.	0.
DIRECTOR		^						0.	0.	0.
		ł								
		_	_							
		ļ								
		_								
				l						

Form **990** (2021) 132007 12-09-21

Page 8

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one						Reportable Reportable			Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensatio		ar	nount	of
		week (list any	_	CCI ai	lu a u	II ecit	Jiraus	1	from	from related			other	
		hours for	Individual trustee or director				L		the organization	organization (W-2/1099-MIS			npensa rom th	
		related	e or d	stee			sated		(W-2/1099-MISC/	1099-NEC)			janizat	
		organizations	truste	al trus		yee	mper		1099-NEC)	.555.1.25,		_ ~	d relat	
		below	idual	Institutional trustee	La la	Key employee	est co loyee	Jer	,			orga	anizati	ons
		line)	Indi	Insti	Officer	Key e	Highest compensated employee	Бm						
			-											
		ļ												
			-											
			1											
		-												
			1											
		 												
			1											
	Subtotal	<u> </u>					<u> </u>		0.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n								eceived more than \$100	000 of reportab	le			
_	compensation from the organization	iot iiiriitod to ti	.000		Ju u		o,			,,ooo oi iopoitab	.0			0
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, l	key e	emp	loye	e, or	r hic	hest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s	•	-	•		•		_		•		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual			4		Х
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	rom	any	/ unr	elat	ted organization or indiv	dual for services				
	rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										npens	ation '	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A)			~~~	_				(B)		_	((C)	
	Name and business	address	N	INC	<u> </u>			_	Description of s	ervices		ompe	nsatio	n
								\dashv						
								\dashv						
								\dashv						
2	Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se li	<u> </u>	d above) who received n	nore than				
_	\$100,000 of compensation from the organi				۔ ۔		0		,					

Page 9

Form 990 (2021) THOUSAND
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII			
			,	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
σωl							000110110 012 011
		Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
	c	Fundraising events					
	d	Related organizations 1d					
i,s	е	Government grants (contributions) 1e					
is	f	All other contributions, gifts, grants, and					
돌림		similar amounts not included above 1f	27,208.				
<u></u>	0	Noncash contributions included in lines 1a-1f	-				
a S	_	Total. Add lines 1a-1f		27,208.			
- 1		Total: Add lines 1a 11	Business Code				
	•	+	Dusiness Code				
<u>ğ</u>	2 a						
ne Z	b	' 					
n S	C						
ev Sev	C	·					
Program Service Revenue	е	·					
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		5,427.			5,427.
	4	Income from investment of tax-exempt bond pr		- ,			- ,
	5		-				
	3	Royalties(i) Real	(ii) Personal				
	_		(II) Fersorial				
		Less: rental expenses 6b 0 •					
	C	Rental income or (loss) 6c 500.		500			500
	c	Net rental income or (loss)		500.			500.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 162.					
	b	Less: cost or other basis					
ne		and sales expenses 7b 0.					
ther Revenue	c	Gain or (loss) 7c 162.					
Şe		Net gain or (loss)	>	162.			162.
e		Gross income from fundraising events (not					
g	0 0						
١		including \$ of					
		contributions reported on line 1c). See	814.				
		Part IV, line 18					
		Less: direct expenses 8b	0.	014			01.4
		` '	<u></u>	814.			814.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10b					
		у <u>Г</u>					
$\overline{}$		Net income or (loss) from sales of inventory					
sn		-	Business Code				
ne ne	11 a						
Miscellaneous Revenue	b						
3e√	c						
Risi	c	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		34,111.	0.	0.	6,903.

Form 990 (2021) THOUSAND ISLAI Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete a	all columns. All other organizations mus	t complete column (A).

	Check if Schedule O contains a reason	se or note to any line in	this Part IY	, ()	
Da	Check if Schedule O contains a respon	(A)	(B) I	(C) I	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	14 620	14 620		
_	and domestic governments. See Part IV, line 21	14,630.	14,630.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	F				
11	Payroll taxes				
	Fees for services (nonemployees):				
a	Management				
b	Legal	1,500.		1,500.	
	Accounting	1,300.		1,300.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,485.	7,485.		
23		625.	625.		
	Other expenses. Itemize expenses not covered	025.	025.		
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) EVENT EXPENSES	1,600.	1,600.		
a			937.		
b	EQUIPMENT RENTAL AND MA	937.	93/•	7.47	
С	PRINTING AND COPYING	747.	F 0 F	747.	
d	BOOKS, SUBSCRIPTIONS, R	587.	587.		
е	All other expenses	1,095.	427.	668.	
25	Total functional expenses. Add lines 1 through 24e	29,206.	26,291.	2,915.	0.
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)				
13201	0 12-09-21	<u>, </u>			Form 990 (2021)

Pai	LA	balance Sneet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			15,100.	1	100.
	2	Savings and temporary cash investments	2,721.	2	80,741.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu	=				
		under section 4958(f)(1)), and persons descri	bed in secti	on 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		143,763.			
	Ь	Less: accumulated depreciation		21,808.	106,837.	10c	121,955.
	11	Investments - publicly traded securities			411,991.	11	394,762.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets		_		14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			536,649.	16	597,558.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
(0	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
ig		controlled entity or family member of any of t				22	
Lie	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on li					
		of Schedule D	1163 17-24).	Complete Fait A		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
	20	Organizations that follow FASB ASC 958,			<u> </u>	20	
es		and complete lines 27, 28, 32, and 33.	JIECK HEIE				
auc	27	Net assets without donor restrictions				27	
Bala	28	Net assets with donor restrictions				28	
l d	20	Organizations that do not follow FASB AS				20	
Ξ		and complete lines 29 through 33.	<i>3</i> 330, CileC	K liele			
ō	20		de		0.	29	0.
ets	29	Capital stock or trust principal, or current fun			0.	30	0.
Ass	30	Paid-in or capital surplus, or land, building, or			0.	31	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			536,649.	-	597,558.
Z	32	Total net assets or fund balances			536,649.	32	597,558.
	33	Total liabilities and net assets/fund balances			330,043.	33	597,556.

Form 990 (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

TNC

THOUSAND ISLAND PARK FOUNDATION,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-2819724

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.) 1 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).) 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). 7 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.) 8 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on 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.

f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

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

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

Part II 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	136,992.	151,725.	72,054.	36,776.	27,208.	424,755.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	126 000	151 505	FO 054	26 886	0.00	404 555
4	Total. Add lines 1 through 3	136,992.	151,725.	72,054.	36,776.	27,208.	424,755.
5	•						
	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,						200 742
_	column (f)						300,742. 124,013.
	Public support. Subtract line 5 from line 4.						124,013.
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(4) 2020	(e) 2021	(f) Total
	Amounts from line 4	136,992.	151,725.	72,054.	(d) 2020 36,776.	27,208.	(f) Total 424,755.
	Gross income from interest,	230,3320	202,7200	, , , , , , , ,	3077700	27,2001	12177331
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	111.	1,742.	5,701.	5,874.	6,089.	19,517.
9	Net income from unrelated business		_,	7,,,,,	,,,,,,		
Ŭ	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						444,272.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	o here					>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2021 (r	14	27.91 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	37.73 %
16a	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						
k	o 33 1/3% support test - 2020. If the	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	ū					·
	and if the organization meets the fact				· ·	/I how the organiz	ation
_	meets the facts-and-circumstances to	-	•	* * *	-		
k	o 10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the		•				_
40	organization meets the facts-and-circ						

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
/ 6	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						<u> </u>
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ie organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						<u></u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (ine 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						>
ŀ	33 1/3% support tests - 2020. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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
1		
2		
_		
3a		
3b		
Зс		
4a		
48		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
ЭIJ		
9с		
10a		
10b		

Pai	t IV	Supporting Organizations (continued)			<u> </u>
		1. Commody		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
		ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0		orted organizations played in this regard.	3		
-		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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.	_4	1	
C		The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see in</i> ties Test. Answer lines 2a and 2b below.	Struction	\vdash	Na
2				Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive? If Tes, then if Fait Vildentity supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
h		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

emergency temporary reduction (see instructions). 6 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

3 4

5

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2021

3

5

Enter greater of line 2 or line 3.

Income tax imposed in prior year

	Distributable amount for 2021 from Occitor 6, line 6		
2	Underdistributions, if any, for years prior to 2021 (reason-		
	able cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
а	From 2016		
b	From 2017		
С	From 2018		
d	From 2019		
е	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D,		
	line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
С	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
С	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		
		0-	hadula A /Farma 000\ 0004

Schedule A (Form 990) 2021

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

THOUSAND ISLAND PARK FOUNDATION, INC. Employer identification number 46-2819724

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	e 6.	'
		(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 v	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	pe used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		Yes No
Par			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	·	
	Preservation of land for public use (for example, recreated)	tion or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	,	
	listed in the National Register		· · · · · · · · · · · · · · · · · · ·
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		_
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conser	vation easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial state	ments that describes the
Dor	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Tracquires or	Other Similar Assets
Pai			Other Sillinal Assets.
4-	Complete if the organization answered "Yes" on Form		k and balance already walls
та	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtnerance of public service,
	provide the following amounts relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		cial gain, provide
	the following amounts required to be reported under FASB A	_	
	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		2

Complete if the organization answered "Ves" on Form 900, Part IV, line 11a, See Form 900, Part Y, line 10

Complete if the organization answered Tes on Form 990, Part IV, line TTa. See Form 990, Part X, line To.					
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land					
b Buildings					
c Leasehold improvements		143,763.	21,808.	121,955.	
d Equipment					
e Other					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THOUSAND	ISLAND PARK FO	UNDATION, INC.	46-2819724 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered			
(a) Description of security or category (including name of se	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives		_	
(2) Closely held equity interests			
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 1			
Part VIII Investments - Program Relate			
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 1	3.) ▶		
Part IX Other Assets.	/-		
Complete if the organization answered	"Yes" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 1	5.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		
Part X Other Liabilities.	(=)		
Complete if the organization answered	"Yes" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X	(, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col.	(P) lino 25)		
Total. (Column (b) must equal Form 990, Part X, Col.	וווופן) וווופ בט.)		🖊

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

132054 10-28-21 Schedule D (Form 990) 2021

SCHEDULE 0 (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THOUSAND ISLAND PARK FOUNDATION, INC. Employer identification number 46-2819724

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENHANCE AND REVITALIZE THE HISTORIC INFRASTRUCTURE OF THE PARK.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AS THOUSAND ISLAND PARK WHILE PRESERVING ITS HISTORY, HERITAGE AND
HISTORICAL BUILDINGS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
G. RIVER HOSPITAL
1,250
H. GWEN'S FOOD PANTRY
4,380
THE FOUNDATION SPONSORED SEVERAL CHILDREN ACTIVITIES INCLUDING TWO
FISHING DERBIES, 4TH OF JULY PARADE, MOON VIEWING, AND BIRDS OF PREY
PRESENTATION.
THE FOUNDATION WAS A MAJOR SPONSOR OF THREE MUSICAL PRESENTATIONS:
A.THE ORCHESTRA OF NORTHERN NEW YORK
B.THE DADY BROTHER'S BAND CONCERT
C.THE JAY NASH CONCERT
THE FOUNDATION DEVELOPED TWO PROJECT RENOVATION / SAFETY PROPOSALS FOR
THE COMMUNITY TO REVIEW AND PROVIDE FEEDBACK:
A.THE COVE SAFETY PROJECT
A.THE ORCHESTRA OF NORTHERN NEW YORK 3.THE DADY BROTHER'S BAND CONCERT C.THE JAY NASH CONCERT THE FOUNDATION DEVELOPED TWO PROJECT RENOVATION / SAFETY PROPOSALS FOR THE COMMUNITY TO REVIEW AND PROVIDE FEEDBACK:

B.THE FERRY DOCK RENOVATION PROJECT

Schedule O (Form 990) 2021 Page **2**

Name of the organization THOUSAND ISLAND PARK FOUNDATION, INC.	Employer identification number 46-2819724
UPON COMPLETION OF THE PROPOSALS A PRESENTATION WAS MADE	TO THE
COMMUNITY AND A SUMMER LONG SURVEY WAS CONDUCTED TO MEASU	RE COMMUNITY
INTEREST AND COLLECT FEEDBACK.	
FORM 990, PART VI, SECTION A, LINE 2:	
EDWARD ADAMS AND ELIZABETH ADAMS ARE HUSBABD AND WIFE. D	ANIEL KEANE IS
ELIZABETH ADAMS BROTHER.	
FORM 990, PART VI, SECTION B, LINE 11B:	
RETURN PROVIDED TO MEMBERS OF GOVERNING BODY BEFORE FILED	•
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION HAS REQUESTED ALL DIRECTORS TO SIGN A CO	NFLICT OF INTEREST
DISCLOSURE FORM INDICATING THAT THEY HAVE READ THE CONFLI	CT OF INTEREST
POLICY, THEY AGREE TO COMPLY WITH THE POLICY, AND CONFIRM	THAT THERE ARE NO
CONFLICTS AS DEFINED BY THE POLICY. SHOULD CONFLICTS EXI	ST, THEY WOULD BE
NOTED ON THIS DISCLOSURE FORM.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL GOVERNING DOCUMENTS, TAX FORMS, ACCOUTING LOGS, POLIC	IES, AND BY-LAWS
ARE AVAILABLE ON PREMISE AND ALSO SCANNED AND READY TO E-	MAIL TO ANYONE WHO
REQUESTS THEM.	