				ENDED							OMD No. 1545 0047
	Ω	00	Return of (OMB No. 1545-0047
For	-	JU	Under section 501(c), 52		-			-		ations)	2019
`		uary 2020) of the Treasury			-			-	be made public.		Open to Public
Inter	nal Reve	nue Service	Go to ww							20	Inspection
			r year, or tax year begini	ing APR	1,20	119	and	ending I		20	
B	Check if applicab	le: C Name o	organization						D Employer ide	entificati	on number
	Addre	e CRIS	TAL RUN VILLA	E FOUNI	DATION	, INC.	•				
	Name Chang	ge Doing b	isiness as						14-170	7425	
	Initial return Final	Number	and street (or P.O. box if ma SCHUTT ROAD EX		ed to street a	ddress)		Room/suite	E Telephone nu (845)	mber 692-	4444
	Lreturn termir ated	- City or t	own, state or province, cou		or foreign p	ostal code			G Gross receipts \$		1,146,633.
	Amen	MIDD	-)940					H(a) Is this a gro	up retur	
	Applio tion pendi		nd address of principal office	er: EDWAR	D HOBL	JIN			for subordir H(b) Are all subordir		
1	Tax-ex	empt status:		()	(insert no.)	4947(a	a)(1)	or 527	- • •		(see instructions)
			CRVI.ORG		(<u>~/(· /</u>		H(c) Group exen		· ,
		f organization: [Associ	ation	Other 🕨		L Year		<u> </u>	ate of legal domicile: NY
	art I	Summary									
_	1	Briefly describ	e the organization's missio	n or most sigr	nificant activ	/ities: <u>TO</u>	A	SSIST	AND SUPPO	RT	
Governance		INDIVID	JALS WITH DEVE	LOPMEN	CAL DI	SABILI	ΓTI	ES BY	SOLICITIN	IG	
rna	2	Check this bo	🕻 🕨 🔲 if the organizat	ion discontinı	ued its oper	ations or d	ispos	sed of more	e than 25% of its ne	t assets	
ove	3	Number of vo	ng members of the goverr	ing body (Par	t VI, line 1a)					3	5
		Number of inc	ependent voting members	of the governi	ing body (Pa	art VI, line ⁻	1b)			4	5
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5								0	
viti	6		of volunteers (estimate if ne							6	5
Activities &	7 a	Total unrelate	business revenue from Pa	art VIII, columr	ו (C), line 12	2				7a	0.
_	b	Net unrelated	ousiness taxable income fr	<u>om Form 990-</u>	T, line 39			<u></u>		7b	0.
									Prior Year	_	Current Year
ē	8		and grants (Part VIII, line 1						95,49	<u>9.</u> 0.	403,031.
Revenue	9	•	service revenue (Part VIII, line 2g)					100.04	0.		
ş	10							137,34	190,761.		
-	11							50,89	37,603.		
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)						283,73		631,395.
			nilar amounts paid (Part IX	())	, .				65,33		31,150.
			o or for members (Part IX,							0.	0.
es	15	Salaries, othe	compensation, employee	penefits (Part	IX, column	(A), lines 5-	10)			0.	0.
ens	16a	Professional f	compensation, employee ndraising fees (Part IX, col ng expenses (Part IX, colur	umn (A), line 1	1e)		<u>.</u>	1 6		0.	0.
Expenses									215 04	0	104 100
	1 "	-	s (Part IX, column (A), lines						<u>215,84</u> 281,18		<u>194,122.</u> 225,272.
	1		s. Add lines 13-17 (must ec						201,10		406,123.
<u> </u>	19	Revenue less	expenses. Subtract line 18	from line 12	<u></u>						· · · · · · · · · · · · · · · · · · ·
sts or	20	Total assets (I	art V lina 16)						eginning of Current Y 4 , 210 , 24		End of Year 4,249,741.
t Assets	20		, , , , , , , , , , , , , , , , , , , ,						37,68		50,106.
Net A			(Part X, line 26) und balances. Subtract lin	a 21 from line					4,172,56		4,199,635.
_	art II	Signature			20				1,172,50	±•	4,199,099.
		•	declare that I have examined	his return inclu	uding accomi	nanving sche	dule	s and statem	ents, and to the hest	of mv kno	wledge and helief it is
	-		Declaration of preparer (other								
	,			an onnoor 10	24004 on di		51 111				
Sig	n	Signatur	of officer						Date		
Her		EDWA	RD HOBLIN, PRI	SIDENT							
	-		rint name and title								

Paid	Print/Type preparer's name BETTINA LIPPHARDT	Preparer's signature	Date	Check PTIN if self-employed P00956232
Preparer	Firm's name 🕨 BONADIO & CO., Li	LP	Fi	rm's EIN ▶ 16-1131146
Use Only	Firm's address 🖕 432 NORTH FRANKL	IN STREET		
	SYRACUSE, NY 132	04	Pł	none no. (315) 422-7109
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No
				000

Form **990** (2019)

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2019) CRYSTAL RUN VILLAGE FOUNDATION, INC. 14-1707425 Page	e 2
Par	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: CRYSTAL RUN VILLAGE FOUNDATION, INC. WAS FORMED TO ASSIST AND SUPPORT	
	INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES BY SOLICITING	
	CONTRIBUTIONS TO PURCHASE AND SECURE FACILITIES, MATERIALS AND/OR	
	SERVICES FOR THE NEEDS OF THESE INDIVIDUALS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	NO
2		
3		NO
	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. (code:) (Expenses \$79,742. including grants of \$31,150.) (Revenue \$1	
4a		_)
	TO PROVIDE FUNDS TO ENHANCE THE COMPREHENSIVE REHABILITATION AND	
	REHABILITATIVE SERVICES TO PERSONS WITH DEVELOPMENTAL DISABILITIES	
	AND/OR MENTAL ILLNESS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_ '
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 79,742.	
	Form 990 (20)19)
932002	2 01-20-20	
	2	

Form 990 (FOUNDATION,	INC.
Part IV	Checklist of R	equired Sch	edules	\$	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
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?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	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	X	
332003	3 01-20-20	Form	390	(2019)

932003 01-20-20

Form	aan	(2019)
FUIII	990	(2013)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
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			37
	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	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
932004	01-20-20	Form	990	(2019)
	4			

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Form 990 (2019)			FOUNDATION,	
Part V Statemer	nts Regarding Othe	er IRS Filings and	d Tax Compliance	(continued)

					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	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 <i>e-file</i> (see instruction	s)					
				3a		<u>x</u>	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X	
b	If "Yes," enter the name of the foreign country						
۶a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			5a		x	
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5a 5b		X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 5c		<u> </u>	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					<u> </u>	
•••	any contributions that were not tax deductible as charitable contributions?			6a		x	
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 se	rvices p	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 req	uired				
	to file Form 8282?		1	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e		x	
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h 8	5						
0							
9	sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.						
a				9a			
b				9b			
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		? 	<u>12a</u>			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a			
a	Note: See the instructions for additional information the organization must report on Schedule O.			15a			
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
~	organization is licensed to issue qualified health plans	13b					
с	Enter the amount of reserves on hand	13c					
	Did the construction of the second state of the base of the second state of the second	•		14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b			
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		X	
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		X	
	If "Yes," complete Form 4720, Schedule O.						

Form **990** (2019)

932005 01-20-20

Form 990	(2019)
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CRYSTAL RUN VILLAGE FOUNDATION, INC.

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

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. X

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5			
	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		5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	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						
	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 9				4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		x
6	Did the organization have members or stockholders?				6		X
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or ap				<u> </u>		
	more members of the governing body?	·			7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, 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	ar by the	e following:				
а	The governing body?				8a	Х	
	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 real						
	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 Re	venue	Code)				
		101100	0000			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				100		
5	and branches to ensure their operations are consistent with the organization's exempt purposes?	•			10b		
10						х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y belor	e ming the for	m <i>:</i>	11a	~	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done				12c	X	
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 approva	al by inc	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	i's				
	exempt status with respect to such arrangements?			<u></u>	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and	nd 990	-T (Section 50	1(c)(3)s	onlv)	availa	ble
-	for public inspection. Indicate how you made these available. Check all that apply.		((-)(0)0			
	Own website Another's website X Upon request Other (explain	1 on So	hadula ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			cv and	finand	tial	
	statements available to the public during the tax year.			., and	man	2101	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ake and	tracorda				
	WILLIAM J. BOGDAN - 845-695-2575	uno and					
_0							
_0							
	420 SCHUTT ROAD EXT, MIDDLETOWN, NY 10940				г.	990	(0.0.4

Form 990 (2019) CRYSTAL F	RUN VILL	AGE FOUNDATI	ON, INC.	14-1707	425 _{Page} 7					
Part VII Compensation of Officers, D	irectors, T	rustees, Key Emplo	oyees, Highest Co	mpensated						
Employees, and Independent Contractors										
Check if Schedule O contains a respo	onse or note to	any line in this Part VII								
Section A. Officers, Directors, Trustees, Key I	Employees, a	nd Highest Compensate	ed Employees							
1a Complete this table for all persons required to	be listed. Rep	ort compensation for the	e calendar year ending v	vith or within the orgar	nization's tax year.					
• List all of the organization's current officers Enter -0- in columns (D), (E), and (F) if no compens		(ls or organizations), reg	ardless of amount of c	ompensation.					
 List all of the organization's current key em 	ployees, if any	v. See instructions for def	inition of "key employed	e."						
 List the organization's five current highest ca able compensation (Box 5 of Form W-2 and/or Bo 			, ,							
 List all of the organization's former officers, reportable compensation from the organization ar 			ated employees who re	ceived more than \$100	0,000 of					
 List all of the organization's former director more than \$10,000 of reportable compensation from 		, , ,	5	or or trustee of the org	anization,					
See instructions for the order in which to list the p	See instructions for the order in which to list the persons above.									
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)	(C)	(D)	(E)	(F)					
Name and title	Average hours per	Position (do not check more than one box, unless person is both an	Reportable compensation	Reportable compensation	Estimated amount of					

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss pei	rson i	is botl	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		æ	pensi		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) EDWARD HOBLIN	0.00	_	_		-	1				
PRESIDENT		х		х				0.	0.	0.
(2) MICHAEL FLYNN	0.00									
TREASURER		Х		х				0.	0.	0.
(3) LEWIS SIEGEL	0.00									
SECRETARY		Х		х				0.	0.	0.
(4) JOHN CAROLA	0.00									
MEMBER		Х						0.	0.	0.
(5) JESSE FREHLING	0.00									
MEMBER		Х						0.	0.	0.
(6) WILLIAM J. SAMMIS	1.00									
CHIEF EXECUTIVE OFFICER	50.00			Х				0.	260,959.	22,039.
(7) WILLIAM BOGDAN	1.00									
CHIEF FINANCIAL OFFICER	50.00			Х				0.	165,899.	19,527.
						<u> </u>				
						-				
						<u> </u>				
						-				
						1				
						1				
		1								
	1					-	1	I	I	 000 (0010)

Form **990** (2019)

	<u>L RUN VILI</u>	JAG	ΕI	FOU	JND	AT]	ION, INC.	14-1	707425	6 Page 8
Part VII Section A. Officers, Directors, 1	rustees, Key Emp	oloye	es, a	and I	High	est C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	box,	not che unless	s perso		oth an	(D) Reportable compensation from	(E) Reportable compensatio from related	n a	(F) Estimated mount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer .	Key employee Highest compensated	employee . Former	the	organization (W-2/1099-MIS	s cor SC) or al	npensation from the ganization nd related ganizations
1b Subtotal						. ►	0.	426,85	58. 4	1,566.
c Total from continuation sheets to Par d Total (add lines 1b and 1c)	rt VII, Section A					►	0.	426,85	0. 58. 4	0. 1,566.
2 Total number of individuals (including b compensation from the organization		ose li	isted	l abo	ove) v	vho re	eceived more than \$100,	000 of reportable	9	0
3 Did the organization list any former off				• •					3	Yes No
 line 1a? <i>If "Yes," complete Schedule J f</i> For any individual listed on line 1a, is the and related organizations greater than 5 	e sum of reportabl	e cor	nper	nsatio	on ar	nd otł	ner compensation from t	ne organization		x
5 Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes."	or accrue comper	isatio	on fro	om ar	ny ur	nrelate	ed organization or individ	lual for services	5	x
Section B. Independent Contractors 1 Complete this table for your five highes									onsation f	rom
the organization. Report compensation	for the calendar ye						n the organization's tax y			
(A) Name and busir		NO	NE				(B) Description of s	ervices		(C) ensation
2 Total number of independent contracto \$100,000 of compensation from the or		ot lim	nited	to th	nose 0	listed	above) who received mo	ore than	_	000 (00 (0)
									Forn	1 990 (2019)

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					RUN	VILLAGE	FOUNDATION	, INC.	14-1707	425 Page 9
Pa	rt V	111	Statement of Rev	venue						
			Check if Schedule O o	contains a r	respons	e or note to an	y line in this Part VIII			
							(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue	function revenue	business revenue	from tax under
										sections 512 - 514
ស ស	1	а	Federated campaigns		1a					
an					1b					
ັງ ຄິ			Fundraising events		1c	1,16	1.			
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations		1d	_,				
Gi							-			
Sin's			Government grants (contr		1e		-			
itio er (t	All other contributions, gifts,			401 07				
jb L			similar amounts not included		<u>1f</u>	401,87	0.			
d D		-	Noncash contributions included in		1g \$	1,16				
ano		h	Total. Add lines 1a-1f				▶ 403,031	•		
						Business Co	ode			
e	2	а								
vic		b								
Ser		с								
Nel N		d				_				
gra Re						-				
Program Service Revenue		e 4	All other presson convice			_				
			All other program service							
		g	Total. Add lines 2a-2f						-	
	3		Investment income (includ							
			other similar amounts)				▶ 77,285	•		77,285.
	4		Income from investment of	of tax-exem	pt bonc	l proceeds	▶			
	5		Royalties							
				(i)	Real	(ii) Person	al			
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss))						
	7		Gross amount from sales of		ecurities					
			assets other than inventory	7a 581						
		h	Less: cost or other basis							
e			and sales expenses	76468	407					
venue		-		<u>7</u> ы 468 7с 113	176	•	-			
d)			Gain or (loss)				▶ 113,476			113,476.
Other R			Net gain or (loss)			<u></u>	▶ 113,470	•		113,470.
the	8	а	Gross income from fundraisin							
Ð			including \$1							
			contributions reported on	-						
			Part IV, line 18		[8	Ba 84,43	4.			
		b	Less: direct expenses		[8	вь 46,83				
		с	Net income or (loss) from	fundraising	events		▶ 37,603	•		37,603.
	9		Gross income from gamin							
			Part IV, line 19			Ða				
		b	Less: direct expenses			9b				
			Net income or (loss) from		····· –					
			Gross sales of inventory, I							
		-	and allowances			0a				
		h	Less: cost of goods sold			0b				
					····· –					
		U	Net income or (loss) from	Saits UI INV	entory	Business Co				
sr										
eor	11					-				
lan		b				-				
Miscellaneous Revenue		с				_				
Ais(B		d	All other revenue							
2		е	Total. Add lines 11a-11d							
	12		Total revenue. See instruction	ons	<u></u>		▶ 631,395	. 0.	0.	228,364.
93200	9 01-:	20-3	20							Form 990 (2019)

9

CRYSTAL RUN VILLAGE FOUNDATION, INC. Part IX Statement of Functional Expenses

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

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

Χ

(D) Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 4,638. 4,638. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 26,512. 26,512. 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 22,019. 22,019. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 100,790. 97,774. 3,016. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,303. 2,303. Office expenses 13 Information technology 14 15 Royalties 22,282. 9,261. 31,543. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 450. 450. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 13,297. 8,691. 4,606. Depreciation, depletion, and amortization 22 7,593. 1,492. 6,101. 23 Insurance Other expenses. Itemize expenses not covered 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.) 16,127. 16,127. ANNUAL LUNCHEON а b С d All other expenses е 225,272. 79,742. 142,514. 3,016. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) Form 990 (2019)

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Form **990** (2019)

CRYSTAL F	RUN	VILLAGE	FOUNDATION,	INC.
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14-1707425 Page 11

		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			884,653.	1	1,146,184.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	_			9,099.	9	7,034.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	176,879.			
	b	Less: accumulated depreciation		37,868.	147,702.	10c	139,011.
	11	Investments - publicly traded securities			3,136,544.	11	2,927,138.
	12	Investments - other securities. See Part IV, line 1		32,249.	12	30,374.	
	13	Investments - program-related. See Part IV, line 1		13	-		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			4,210,247.	16	4,249,741.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue	1,550.	19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
ß	22	Loans and other payables to any current or form	er offic				
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes	e perso	ons		22	
<u>ا</u> ۳	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			36,136.	25	50,106.
	26	Total liabilities. Add lines 17 through 25			37,686.	26	50,106.
		Organizations that follow FASB ASC 958, che	ck here	e ▶ X			
Ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			4,150,268.	27	3,828,725.
Bal	28	Net assets with donor restrictions			22,293.	28	370,910.
p l		Organizations that do not follow FASB ASC 95	58, che	ck here 🕨 🗌			
ŗ		and complete lines 29 through 33.					
20	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or eq			30		
As	31	Retained earnings, endowment, accumulated inc	come, c	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,172,561.	32	4,199,635.
-	33	Total liabilities and net assets/fund balances			4,210,247.	33	4,249,741.

Form 990 (2019) Part X Balance Sheet

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	1990 (2019) CRYSTAL RUN VILLAGE FOUNDATION, INC.	14-17	707425	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		L,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			72.
3	Revenue less expenses. Subtract line 2 from line 1	3			23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,17		
5	Net unrealized gains (losses) on investments	5	-379	9,0	<u>49.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	4,199	9,6	<u>35.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2019)

932012 01-20-20

SCH	EDU	LE A
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Total

Public Charity Status and Public Support

OMB No. 1545-0047

(Form 990 or 990-EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.							2019			
		f the Treasury		4: ►		Open to Public				
Intern	al Revei	nue Service		► Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection
Nan	ne of t	the organizati								identification number
De		Decem	CRYS	TAL RUN VI	LLAGE FOUNDA	<u>FION,</u>	INC.		1	4-1707425
	rt I				(All organizations must co			e instructions	S	
	organ				(For lines 1 through 12, c		,			
1					on of churches described			1)(A)(i).		
2					(Attach Schedule E (Forn					
3		=	-		anization described in s			-		Alex Inc. 2010 Beneration
4			-	ation operated in co	onjunction with a hospital	described	in sectio	on 170(b)(1)(A)(III). Enter	the hospital's name,
_		city, and stat							ait al a a suile :	l :
5					bllege or university owned	i or operat	ed by a go	vernmentaru	nit describe	
c				Complete Part II.)	mantal unit described in	oootion 1	70/6//4//4/	(.)		
6 7	X		-	-	mental unit described in antial part of its support fi				o gonoral i	public described in
'	21	0		omplete Part II.)	antial part of its support if	on a yove	ennentai		le general j	public described in
8		-)(1)(A)(vi). (Complete Par	+ 11)				
9	H	-		-	d in section 170(b)(1)(A)		ed in conii	inction with a	land-grant	college
5		0		-	culture (see instructions).				•	•
		university:		grant concyc or agin			name, eny	, and state of	the conege	
10			on that norma	ally receives: (1) more	e than 33 1/3% of its sup	oort from o	contributio	ns, members	nip fees, ar	nd gross receipts from
					ect to certain exceptions,					
					e (less section 511 tax) fro					-
				mplete Part III.)			•	,		
11					sively to test for public sa	fety. See	section 50	09(a)(4).		
12		-	-	-	sively for the benefit of, to	•			rry out the	purposes of one or
		more publicly	supported or	ganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a thro	ough 12d that	describes the type of	of supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A s	upporting orga	anization operated,	supervised, or controlled	by its sup	ported org	anization(s), t	pically by	giving
		the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting
		organizatio	n. You must c	complete Part IV, S	ections A and B.					
b		Type II. A s	supporting org	anization supervise	d or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	/ing
		control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	st complete Part IV	, Sections A and C.					
С		_ Type III fur	nctionally inte	grated. A supportin	ng organization operated	in connec	tion with, a	and functiona	ly integrate	ed with,
		its support	ed organizatio	n(s) (see instruction	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d			-		porting organization oper			• •		
			•	0	zation generally must sat	•		•	an attentiv	veness
		- ·		,	mplete Part IV, Sections					
е		_	Ũ		written determination fro			Туре I, Туре	II, Type III	
_					onally integrated supportion	ng organiz	ation.			[
		er the number	••	•						
<u> </u>		(i) Name of supp		n about the support (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	monetary	(vi) Amount of other
		organizatior		()	(described on lines 1-10	in your govern Yes	ing document? No	support (see in	-	support (see instructions)
					above (see instructions))	103				
					1					
					1					
_										
Tota										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

^{2019.05030} CRYSTAL RUN VILLAGE FOUND CRYF0011

Schedule A (Form 990 or 990-EZ) 2019 CRYSTAL RUN VILLAGE FOUNDATION, INC. 14-1707425 Page 2 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.)

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	73,783.	239,359.	74,679.	95,499.	403,031.	886,351.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	73,783.	239,359.	74,679.	95,499.	403,031.	886,351.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.						886,351.			
	ction B. Total Support	1								
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Amounts from line 4	73,783.	239,359.	74,679.	95,499.	403,031.	886,351.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	101 000		111 000	<u> </u>		100 000			
	and income from similar sources	101,200.	47,166.	111,029.	63,406.	77,285.	400,086.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	11 000	F0 000			27 622	105 001			
	assets (Explain in Part VI.)	11,079.	70,992.	25,325.	50,892.	37,603.	195,891.			
11	Total support. Add lines 7 through 10						1482328.			
12	,	•	,			12				
13	First five years. If the Form 990 is for	•	first, second, thire	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	. —			
Sec	organization, check this box and stor ction C. Computation of Publi	o here	centage		<u></u>		·····			
				- (*)			59.79 %			
	Public support percentage for 2019 (I		•			14	40.07			
	Public support percentage from 2018 33 1/3% support test - 2019. If the o									
108							N V			
h	stop here. The organization qualifies 33 1/3% support test - 2018. If the o		-			or more, check thi				
	and stop here. The organization qual									
17:	10% -facts-and-circumstances test					and line 14 is 10% (
178	and if the organization meets the "fac									
	meets the "facts-and-circumstances"			-		-				
۲	10% -facts-and-circumstances test	0	• •		•	I7a and line 15 is .				
i.		-								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization		•	•						
	······································		,	, , .,		edule A (Form 990				

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 CRYSTAL RUN VILLAGE FOUNDATION, INC. 14-1707425 Page 3 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.)

Section A. Public Support			•	-		
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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-						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		•	•	•	•	•
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by l	line 13, column (f)))	17	%
18 Investment income percentage from	2018 Schedule A,	Part III, line 17 _			18	%
19a 33 1/3% support tests - 2019. If the						7 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qual	lifies as a publicly	supported organiza	ition	
b 33 1/3% support tests - 2018. If the	organization did r	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	ind
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins	tructions	>
932023 09-25-19				Sch	edule A (Form 99) or 990-EZ) 2019
		15	5			

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

16

932024 09-25-19

| 10b | Schedule A (Form 990 or 990-EZ) 2019

10a

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Schedule A (Form 990 or 990-EZ) 2019 CRYSTAL RUN VILLAGE FOUNDATION, INC. 14-1707425 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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 trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		v	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
'a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

17

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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	dule A (Form 990 or 990-EZ) 2019 CRYSTAL RUN VILLAGE FOU			14-1707425 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrat	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

instructions).

Schedule A (Form 990 or 990-EZ) 2019 CRYSTAL RUN VILLAGE FOUNDATION, INC.

1 0	Type in Non-Functionally integrated 509	a)(3) Supporting Orga	(continued)	1
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive	•	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1	1	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2	019 CRYSTA	L RUN V	ILLAGE	FOUNDAT	TION,	INC.	14-1707425	Page 8
Part VI	Supplemental Int Part IV, Section A, line	formation. Pro	vide the expl 4c, 5a, 6, 9a	anations requ , 9b, 9c, 11a,	uired by Part II, 11b, and 11c;	line 10; Part IV, S	art II, line 17a ection B, line	or 17b; Part III, line 12; s 1 and 2; Part IV, Section t V, Section B, line 1e; Pa	с,
	Section D, lines 5, 6, a (See instructions.)	and 8; and Part V,	Section E, lin	es 2, 5, and 6	6. Also comple	te this part	for any addit	ional information.	
932028 09-25-1	9			20			Scheo	dule A (Form 990 or 990-	EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the orga	Employer identification number		
	CRYSTAL RUN VILLAGE FOUNDATION, INC.	14-1707425	
Organization ty	e (check one):	•	
Filers of:	Section:		
Form 990 or 990	-EZ X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
	ganization is covered by the General Rule or a Special Rule. tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.	
General Rule			
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y) from any one contributor. Complete Parts I and II. See instructions for determining a contributor'		
Special Rules			
section any one	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, e contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou orm 990-EZ, line 1. Complete Parts I and II.	or 16b, and that received from	
year, to	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tal contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or eduction of cruelty to children or animals. Complete Parts I, II, and III.		
For an o	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a		

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name	of	organization
INALLIC	UI.	organization

Employer identification number

- -

14 - 1707425

CRYSTAL RUN VILLAGE FOUNDATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	SUSAN BUTLER PLUM 2 SUTTON PLACE NEW YORK, NY 10022	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	CHRIS PLUM 28 MACINTOSH LANE WAPPINGER FALLS, NY 12590	\$ <u>12,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	ESTATE OF LELAND J. GREEN 809 EASTON RD WILLOW GROVE, PA 19090	\$350,661.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

08340127 784124 CRYF001

Name of organization

Employer identification number

CRYSTAL RUN VILLAGE FOUNDATION, INC.

14-1707425

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
923453 11-06	-19		990, 990-EZ, or 990-PF) (2019)

23

Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2019)			Page 4				
Name of or	ganization			Employer identification number				
CRYSTA	L RUN VILLAGE FOUNDATIO	ON. TNC.		14-1707425				
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in se	ction 501(c)(7), (8), or (10)					
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ry. For organizations ess for the year. (Enter this info. o	nce.) > \$				
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
F		(e) Transfer of gift	I					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
	[
(a) No.								
from Part I	(b) Purpose of gift (c) Use of		(d) Des	scription of how gift is held				
F	(e) Transfer of gift							
			Polationship of transforor to transforoo					
F	Transferee's name, address, ar		Relationship of transferor to transferee					
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
-		· · -						
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee				
			r					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I								
F	(e) Transfer of gift							
F	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee				
923454 11-06-	19	24	Schedul	e B (Form 990, 990-EZ, or 990-PF) (2019)				

08340127 784124 CRYF001

SCHEDULE [)
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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.



Department of the Treasury Internal Revenue Service

Name of the organization

CRYSTAL RUN VILLAGE FOUNDATION, INC. Employer identification number 14 - 1707425

Pa			ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(I) Foundation of all succession
		(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 e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of	, , , , ,	°
De	impermissible private benefit?		Yes No
Pa			90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	<i>,</i>	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the fo	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b			
C.	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	the 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, I	nandling of violations, and enforcing c	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conce	mation accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conse	ervation easements during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 1	Z0(b)(4)(B)(i)
0		•	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
5	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its revenue stateme	nt and balance sheet works
	of art, historical treasures, or other similar assets held for pub	· ·	
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these i	tems.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement a	nd balance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		-
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019
	1 10-02-19		

Sche		RUN VILLA						14-17			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	r Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	ollowing that	: make si	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	I 🗌 L	oan or exc	hange progra	am					
b	Scholarly research	e	, 🗌 c	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	y further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	torical treas	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "	'Yes" on	Form 990	, Part IV,	ine 9, or		
10			ion, for c	ontribution	or other acc	ote not i	included				
Ia	Is the organization an agent, trustee, custod								Yes		No
h	on Form 990, Part X?							∟			
b		and complete the lo	nowing ta	DIE.					Amount		
с	Reginning balance						1c		Amoun		
d	Beginning balance Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						,		_]
Par							10.				
		(a) Current year	(b) Pr	ior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held ar	nd administer	ed for th	ie organiza	ation	r		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment fu	nds.							
Fai				l'a de o	E	Dent V	Vac. 10				
	Complete if the organization answere							.	()		
	Description of property	(a) Cost or c basis (investr			or other (other)	• • •	ccumulate preciation	d	(d) Bool	< value	3
1a	Land				5,430.				ļ	5,43	30.
	Buildings				8,249.		35,2	28.		3,02	
	Leasehold improvements						•				
	Equipment			1	3,200.		2,64	40.	10),56	50.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. columi	n (B). line 1	0c.)				139	9,01	11.

Schedule D (Form 990) 2019

Schedule D	0 (Form 990) 2019	CRYSTAL RUN	VILLAGE FOUN	DATION,	INC.	14-1707425 Page
Part VII	Investments - 0	Other Securities.				
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line	11b. See Forn	n 990, Part X, line 12	2.
(a) Descri	ption of security or categ	Ory (including name of security)	(b) Book value	(c) Meth	od of valuation: Cos	st or end-of-year market value
(1) Financi	ial derivatives					
(2) Closely	held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col.	(b) must equal Form 990	, Part X, col. (B) line 12.) 🕨				
Part VII	_	Program Related.				
			on Form 990, Part IV, line			
	(a) Description of	investment	(b) Book value	(c) Meth	od of valuation: Cos	st or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990	, Part X, col. (B) line 13.) 🕨				
Part IX	J					
	Complete if the orga		on Form 990, Part IV, line	11d. See Forn	n 990, Part X, line 1	
		(a)	Description			(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	umn (b) must equal Fo	rm 990. Part X. col. (B) line	<u>e 15.)</u>			🕨
Part X	Other Liabilities					
			on Form 990, Part IV, line	11e or 11f. Se	e Form 990, Part X,	
1.	.,	escription of liability				(b) Book value
	deral income taxes					_
	JE TO RELATI	ED PARTY				50,106
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
			<u>e 25.)</u>			
2. Liability	y for uncertain tax pos	itions. In Part XIII, provide	the text of the footnote to	the organizat	ion's financial stater	ments that reports the
			FASB ASC 740. Check he			

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 CRYSTAL RUN VILLAGE FOUNDA	TION,	INC.	<u>14-1</u>	1707425 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	n Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	277,158.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-379,049.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		46,831.		
е	Add lines 2a through 2d			2e	-332,218.
3	Subtract line 2e from line 1			3	609,376.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	22,019.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	22,019.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	631,395.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wil	th Expenses per F	20turr	า
	······································	••••••		icturi	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1				1	250,084.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements				
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b			
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			250,084.
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	46,831.		250,084.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	46,831.	1	
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	46,831.	1 2e	250,084.
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	46,831.	1 2e	250,084.
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	46,831.	1 2e	250,084. 46,831. 203,253.
2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	46,831. 22,019.	1 2e	250,084. 46,831. 203,253. 22,019.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	46,831.	1 2e 3	250,084. 46,831. 203,253.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE

932054 10-02-19

Schedule D (Form 990) 2019

1/1 - 1707/25 D л

rm 990)	2019	CRYSTAL	RUN	VILLAGE	FOUNDATION,
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1	Total revenue, gains, and other support per audited financial statements			1	277,158.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-379,049.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	46,831.		
е	Add lines 2a through 2d			2e	-332,218.
3	Subtract line 2e from line 1			3	609,376.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,019.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	22,019.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	631,395.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Returr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements			1	250,084.
1 2				1	250,084.
	Total expenses and losses per audited financial statements			1	250,084.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	250,084.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a 2b		1	250,084.
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	46,831.	1	250,084.
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	46,831.	1 2e	<u>250,084.</u> 46,831.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	46,831.	-	
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	46,831.	2e	46,831.
2 a b c d 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	46,831.	2e	46,831.
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	46,831.	2e	46,831.

46,831.

46,831.

SCHEDULE G	CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047			
(Form 990 or 990-EZ)	n 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									2019	
Department of the Treasury Attach to Form 990 or Form 990-EZ.										Open to Public	
Internal Revenue Service	► Go	to www.irs.	gov/Form9	90 for instru	uction	s and	the latest informati	on.		Inspection	
Name of the organization										entification number	
Dout L. Funducio	CRYSTAL								14-170		
	complete this part		the organiz	ation answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not	
1 Indicate whether th			ough any of	the followin	g activ	ities. (Check all that apply.				
a 📃 Mail solicitat			e				overnment grants				
b Internet and	email solicitations		f	Solicitat	tion of	gover	nment grants				
c Phone solici			g∟	Special	fundra	ising	events				
d In-person so					(6				
2 a Did the organization							indraising services?	tees,	or 🗌 Ye	es 🗌 No	
b If "Yes," list the 10		-	-	-			-	he fui			
compensated at le			-			.g					
					(;;;)	Did		(v)	Amount paid		
(i) Name and addres			(ii) Activity		(iii) fundr have ci	aiser Jstodv	(iv) Gross receipts	tò (or retained by	(vi) Amount paid to (or retained by)	
or entity (fund	draiser)		(, /		or con contribu	trol of	from activity	fundraiser listed in col. (i)		organization	
					Yes	No					
Total											
3 List all states in whi	ich the organizatio	n is registere	d or license	d to solicit c	ontrib	utions	or has been notified	it is	exempt from r	egistration	
or licensing.											
LHA For Paperwork R	eduction Act Noti	ce, see the I	nstructions	s for Form 9	90 or 9	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2019	

932081 09-11-19

 Schedule G (Form 990 or 990-EZ) 2019 CRYSTAL RUN VILLAGE FOUNDATION, INC.
 14-1707425 Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

draiair

			(a) Event #1	(b) Event #2	(c) Other events	
				FAMILY FUN	.,	(d) Total events
				DAY	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anijavar	1	Gross receipts	71,145.	14,450.		85,595
Ĕ			1,161.			
	2	Less: Contributions				1,161
	3	Gross income (line 1 minus line 2)	69,984.	14,450.		84,434
	4	Cash prizes				
	5	Noncash prizes	3,733.			3,733
<u>DIFECT EXPENSES</u>	6	Rent/facility costs	15,600.	21,200.		36,800
ונ	7	Food and beverages				
5		Entertainment				
		Other direct expenses		2,965.		6,298
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	46,831
	<u>11</u> rt I	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a				37,603
Т		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant	-	(d) Total gaming (add
שבעםוחם			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a
	1	Gross revenue				
2020	2	Cash prizes				
	3	Noncash prizes				
DIFECT EXPENSES	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % │── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization condu he organization licensed to conduct gaming ac		states?		Yes N
а		No," explain:				
b	 We	re any of the organization's gaming licenses re	woked suspended or te	rminated during the tax y	ear?	
b		re any of the organization's gaming licenses re Yes," explain:			ear?	Yes N
b					ear?	YesN

Sch	edule G (Form 990 or 990-EZ) 2019 CRYSTAL RUN VILLAGE FOUNDATION, INC. 14-1	707425	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year ► \$ TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	t III, lines 9, f	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	· ·	
9320	33 09-11-19 Schedule G (Forr	n 990 or 990	-EZ) 2019
	31		

08340127 784124 CRYF001

Schedule (G (Form 990 or 990-EZ) Supplemental Info	CRYSTAL RUN	VILLAGE	FOUNDATION,	INC.	14-1707425	Page 4
Part IV	Supplemental Info	rmation (continued)					

932084 04-01-19

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations.		c	OMB No. 1545-0047		
(Form 990)		Go	vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States			2019		
Department of the Treasury		Comple	ete ir the organization	Attach to For		rt IV, line 21 or 22.		C	Open to Public		
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.			Inspection		
Name of the organization		UN VILLAG	E FOUNDATION	N, INC.					tification number 1-1707425		
Part I General Inf	ormation on Grants a			•							
-	ation maintain records t vard the grants or assis		-			-			Yes X No		
	V the organization's pro										
Part II Grants and	Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	Complete if the org	anization answered "Y	es" on Form 990, Parl	t IV, line 21, for a	ny		
	at received more than §					(f) Mothod of		1			
	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		ose of grant sistance		
CRYSTAL RUN VILLAG 420 SCHUTT ROAD EX MIDDLETOWN, NY 109	ΩT.	11-2466996	501 (C)(3)	4,638.	0.			SCHOLARSHIPS SELF-ADVOCAC			
,				-,							
	er of section 501(c)(3) and the section solution of other organizations of other organizations of the section o			e line 1 table			1	······ • _			
LHA For Paperwork	0							Schedule I	(Form 990) (2019)		

33

Schedule | (Form 990) (2019) CRYSTAL RUN VILLAGE FOUNDATION, INC.

14-1707425

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
284	26,512.	٥.		
	recipients	recipients cash grant	recipients cash grant cash assistance	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SC	HEDULE J	Compensation Information	I	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		00	40	
•		Compensated Employees		20	IJ)
_		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio	Employer	identificatio	on nui	nber	
		CRYSTAL RUN VILLAGE FOUNDATION, INC.	14-1	170742	5	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnifie	cation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
				1b		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	· · ·	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant				
	X Form 990 of c	ther organizations X Approval by the board or compensation c	ommittee			
4	During the year di	A only norman listed on Form 000. Dout VII. Costion A line to with respect to the filing				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
~	organization or a re	-		10		x
a b		e payment or change-of-control payment? ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, a supplemental nonqualitied retirement plan?				X
C		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		+c		
	In res to any or in					
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
-	contingent on the r					
а	-			5a		X
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	-	~ 		6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) WILLIAM J. SAMMIS	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(ii)	260,418.	541.	0.	14,977.	7,062.	282,998.	0.
(2) WILLIAM BOGDAN	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	165,357.	542.	0.	4,597.	14,930.	185,426.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE CHIEF EXECUTIVE OFFICER, WILLIAM SAMMIS AND THE CHIEF FINANCIAL

OFFICER, WILLIAM BOGDAN, RECEIVE COMPENSATION FROM CRYSTAL RUN VILLAGE,

INC., A RELATED ORGANIZATION. CRYSTAL RUN VILLAGE, INC. USES A COMPENSATION

COMMITTEE, FORM 990 OF OTHER ORGANIZATIONS, A COMPENSATION SURVEY OR STUDY,

AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH THE

COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER.

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

INC.

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



14-1707425

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

CRYSTAL RUN VILLAGE FOUNDATION,

CONTRIBUTIONS TO PURCHASE AND SECURE FACILITIES, MATERIALS AND/OR

SERVICES FOR THE NEEDS OF THESE INDIVIDUALS.

FORM 990, PART VI, SECTION A, LINE 7A:

CRYSTAL RUN VILLAGE, INC. HAS THE POWER TO ELECT 2 OF THE FOUNDATION'S

BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEE CAN ACT INDEPENDENT OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE DEPUTY EXECUTIVE DIRECTOR OF ADMIN SERVICES AND

SUBMITTED TO THE EXECUTIVE DIRECTOR. AFTER THEIR REVIEW FORM 990 IS

SUBMITTED TO THE BOARD FOR REVIEW AND QUESTIONS BEFORE IT IS FILED WITH

IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER MUST SIGN THE DECLARATION ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE FOUNDATION DOES NOT COMPENSATE ANY OFFICERS OR KEY EMPLOYEES. THE

FOUNDATION PAYS A FEE TO CRYSTAL RUN VILLAGE, INC. FOR MANAGEMENT SERVICES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

38

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization CRYSTAL RUN VILLAGE FOUNDATION, INC.	Employer identification number 14-1707425
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	JPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	84,643.
FUNDRAISING EXPENSES	3,016.
TOTAL EXPENSES	87,659.
LEGAL AND ACCOUNTING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	13,131.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,131.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	100,790.
FORM 990, PART XII, LINE 2C	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE OVERSIGHT OF	
THE BOARD REVIEWS THE RESULTS OF THE AUDIT AND HAS RESPONS FINAL APPROVAL OF THE AUDITED FINANCIAL STATEMENTS AS WELL	
APPOINTING OUTSIDE ACCOUNTANTS.	

932212 09-06-19

932161 09-10-19 LHA

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

•

Name of the organization

Department of the Treasury Internal Revenue Service

CRYSTAL RUN VILLAGE FOUNDATION, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

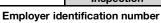
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				
	-				
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
CRYSTAL RUN VILLAGE, INC 11-2466996							
420 SCHUTT ROAD EXT	SERVICE PROVIDER FOR THE						
MIDDLETOWN, NY 10940	DISABLED	NEW YORK	501(C)(3)	LINE 10	N/A		х
CRYSTAL RUN BORROWER CORPORATION -							
13-3578723, 420 SCHUTT ROAD EXT, MIDDLETOWN,							
NY 10940	RENTAL	NEW YORK	501(C)(3)	LINE 10	N/A		х
CRYSTAL RUN BORROWER CORPORATION II -							
13-3646053, 420 SCHUTT ROAD EXT, MIDDLETOWN,							
NY 10940	RENTAL	NEW YORK	501(C)(3)	LINE 10	N/A		х
CRYSTAL RUN BORROWER CORPORATION III -							
06-1391628, 420 SCHUTT ROAD EXT, MIDDLETOWN,	7						
NY 10940	RENTAL	NEW YORK	501(C)(3)	LINE 10	N/A		х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019



14-1707425

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation? No
CRYSTAL RUN OWNER CORPORATION - 06-1461003						163	
420 SCHUTT ROAD EXT	-						
MIDDLETOWN, NY 10940	- RENTAL	NEW YORK	501(C)(3)	LINE 10	N/A		х
CRYSTAL RUN OWNER CORPORATION II -							<u> </u>
16-1521540, 420 SCHUTT ROAD EXT, MIDDLETOWN,	-						
NY 10940	- RENTAL	NEW YORK	501(C)(3)	LINE 10	N/A		х
CRYSTAL RUN OWNER CORPORATION III -							
06-1565999, 420 SCHUTT ROAD EXT, MIDDLETOWN,	-						
NY 10940	- RENTAL	NEW YORK	501(C)(3)	LINE 10	N/A		x
CRYSTAL RUN OWNER CORPORATION IV -							
06-1566006, 420 SCHUTT ROAD EXT, MIDDLETOWN,	-						
NY 10940	- RENTAL	NEW YORK	501(C)(3)	LINE 10	N/A		х
CRYSTAL RUN OWNER CORPORATION V - 06-1614498							
420 SCHUTT ROAD EXT	-						
MIDDLETOWN, NY 10940	- RENTAL	NEW YORK	501(C)(3)	LINE 10	N/A		х
CRYSTAL RUN OWNER CORPORATION VI -							
54-2073371, 420 SCHUTT ROAD EXT, MIDDLETOWN,	-						
NY 10940	 RENTAL	NEW YORK	501(C)(3)	LINE 10	N/A		х
	-						
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Schedule R (Form 990) 2019 CRYSTAL RUN VILLAGE FOUNDATION, INC.

14-1707425 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		, <u>,</u>							r	-		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate ations?	amount in box 20 of Schedule	Gene mana partr	iging her?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No

Schedule R (Form 990) 2019 CRYSTAL RUN VILLAGE FOUNDATION, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		100	
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		x
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e	X	
-				
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
	Reimbursement paid by related organization(s) for expenses	1q	Х	
-				
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
<u>(</u> 6)			0. h. d. h. D. (F

Schedule R (Form 990) 2019 CRYSTAL RUN VILLAGE FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?		(h Dispro tiona allocati) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner	(k) Percentage ownership
			3000013 012 014)	Yes No		Yes	NO		Yes No	

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019	
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2019

932165 09-10-19

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Inspection

1.General Informat	ion			
For Fiscal Year Beginning		2019 and Ending (mm/dd/yyyy) 03/31/	2020
Check if Applicable:	Name of Organization: CRYSTAL RUN VI	LLAGE FOUNDAT	ION, INC.	Employer Identification Number (EIN): 14-1707425
Name Change	Mailing Address: 420 SCHUTT ROA	D EXT		NY Registration Number: $04 - 45 - 17$
Final Filing	City / State / ZIP: MIDDLETOWN , NY	10940		Telephone: 845 692-4444
Reg ID Pending	Website: WWW.CRVI.ORG			Email:
Check your organization's registration category:	s	only X DUAL (7A &		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.
2. Certification				
See instructions for certif two signatories.	ication requirements. Improper	certification is a violation	of law that may be subject	to penalties. The certification requires
	penalties of perjury that we revie re true, correct and complete in			best of our knowledge and belief, oplicable to this report.
President or Authorized	Officer:		EDWARD HOB PRESIDENT	LIN
	Signature		Print Nam WILLIAM J.	BOGDAN
Chief Financial Officer of	r Treasurer: Signature		CHIEF FINA	
3. Annual Reporting	a Exemption			
categories (DUAL filers) the additional attachments and	nat apply to your registration, o	complete only parts 1, 2, ar	nd 3, and submit the certifi	gory (7A or EPTL only filers) or both ed Char500. No fee, schedules, or e exemption, you must file applicable
exceed \$2				overnment agencies, etc. did not raising counsel (FRC) to solicit
	<u>filing exemption:</u> Gross receipt fiscal year.	s did not exceed \$25,000 a	and the market value of as	sets did not exceed \$25,000 at any time
4. Schedules and A	ttachments			
See the following page for a checklist of schedules and attachments to complete your filing.	for fund r	aising activity in NY State	fessional fund raiser, fund r ? If yes, complete Schedule vernment grants? If yes, co	
5. Fee				
See the checklist on the next page to calculate yo	7A filing fee: ur	EPTL filing fee:	Total fee:	Make a single check or money order payable to:
fee(s). Indicate fee(s) you are submitting here:	\$5.	\$ <u>250.</u>	\$ <u>275.</u>	"Department of Law"
v	r Charitable Organizations (Up efers to an organization's NYS	• •	not refer to its IRS tax desi	gnation.

968451 01-08-20 1019

CRYSTAL RUN VILLAGE FOUNDATION, INC.

CHAR500
Annual Filing Checklist

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

- Your organization is registered as DUAL and you marked <u>both the 7A and EPTL filing exemption in Part 3.</u>

Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

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

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

X Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

Audit Report if you received total revenue and support greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

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

Send Your Filing

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

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

Need Assistance?

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

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

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

DUAL filers are registered under both 7A and EPTL.

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

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

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

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

968461 01-08-20 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)