Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	Chook	if applicable:	liendar year, or tax year beginning , 2013, and ending	1		,
۲	Addres	if applicable:	C		D Employ	er identification number
H		change	SUSAN AND BILL DAKE FOUNDATION		26-3	3578956
-	Initial i	-	PO BOX 435 SARATOGA SPRINGS, NY 12866	E Telepho	ne number	
X	Termir		518-	-581-1201		
-		ded return				
=		ation pending				Exemption •
G		unting Met	hod: X Cash Accrual Other (specify) ►	H Check	► X if t	he organization is not
Ĺ		_	/A			ch Schedule B (Form
J		kempt status (90-EZ, or			
		of organiza		or more or	if total	
-	asse	ts (Part II,	c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 c column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-E2	· · · · · · · · · · · · · · · · · · ·		\$
Pa	rt I	Revenu	ue, Expenses, and Changes in Net Assets or Fund Balances (se	e the inst	tructions	for Part I)
			the organization used Schedule O to respond to any question in this Part L			
	1	Contributi	ons, gifts, grants, and similar amounts received		1	
	2	Program	service revenue including government fees and contracts		2	
	3	-	nip dues and assessments			
	4		nt income.			
	-		ount from sale of assets other than inventory			
			t or other basis and sales expenses			
			'		5	
	_		s) from sale of assets other than inventory (Subtract line 5b from line 5a)			C
R	6	_				
Ë			ome from gaming (attach Schedule G if greater than \$15,000) 6a			
R E V E N U	D		ome from fundraising events (not including \$ of contrib	outions		
Ü		of such g	raising events reported on line 1) (attach Schedule G if the sum ross income and contributions exceeds \$15,000)			
	С	Less: dire	ect expenses from gaming and fundraising events			
	d	Net incom 6b and su	ne or (loss) from gaming and fundraising events (add lines 6a and ubtract line 6c)		6	d
	7 a	Gross sal	es of inventory, less returns and allowances			
	b	Less: cos	t of goods sold			
	С	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7	С
	8	Other rev	enue (describe in Schedule O)		8	
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	0.
	10		nd similar amounts paid (list in Schedule O).			
	11		paid to or for members			
E X	12	Salaries,	other compensation, and employee benefits		12	
	13		nal fees and other payments to independent contractors			247.
P E N S E S	14		cy, rent, utilities, and maintenance			21/•
S E	15		publications, postage, and shipping			
S	16		penses (describe in Schedule O).			
	17		enses. Add lines 10 through 16.			247.
	18	Excess or	r (deficit) for the year (Subtract line 17 from line 9)		18	-247.
Ā						241.
N S	19	Net asset	s or fund balances at beginning of year (from line 27, column (A)) (must agree orted on prior year's return)	-year 19	247	
A NS EE T T S	20		inges in net assets or fund balances (explain in Schedule O)			247.
S			s or fund balances at end of year. Combine lines 18 through 20.			0
D^	21 ^ Fo		rk Peduction Act Notice see the separate instructions		21	0.

rai	Check if the organization used Sched	dule O to respond to any qu	estion in this Part II			
			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			247.		
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets.			247.	25	0.
26	Total liabilities (describe in Schedule O).			0.	26	0.
27	Net assets or fund balances (line 27 of co		·	247.	27	Expenses
Par	t III Statement of Program Service Acc Check if the organization used Sch			X ((Rea	uired for section 501
What	is the organization's primary exempt purpose? See	Schedule 0	144001101111111111111111111111111111111	((c)(3) and 501(c)(4)
Desc	cribe the organization's program service ac	complishments for each of	its three largest progra	m services, as	orgai 4947	nizations and section (a)(1) trusts; optional
mea	cribe the organization's program service ac sured by expenses. In a clear and concise efited, and other relevant information for ea	manner, describe the servi	ces provided, the num	ber of persons	for o	thers.)
28	C C -111 - O					
	200 2010 2010 1					
	(Grants \$) If this	s amount includes foreign g	rants, check here		28 a	130.
29						
	(Cronto C	s amount includes foreign g	ronto chook horo	·	20 -	
30	(Grants \$) If this	s amount includes foreign g	rants, check here		29 a	
30						
	(Grants \$) If this	s amount includes foreign g	rants, check here	:	30 a	
31	Other program services (describe in Sche					
	(Grants \$) If this	s amount includes foreign g	rants, check here	▶ 🔲	31 a	
32	Total program service expenses (add line	es 28a through 31a)			32	130.
Par	t IV List of Officers, Directors, T					
	Check if the organization used Sch	edule O to respond to any o	question in this Part IV			
	(a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ	yee	(e) Estimated amount of
	(4)	position	(If not paid, enter -0-)	benefit plans, and defer compensation	rred	other compensation
WII	LLIAM P DAKE					
	esident	0	0		0.	0.
	SAN_L_DAKE					
	ıstee	0	0	•	0.	0.
	RY_C_DAKE				_	
	istee	0	0	•	0.	0.
	OMAS ROOHAN C/O YMCA	0	0		0.	0.
	CHAEL D WEST C/O SKIDMORE	U	U	•	υ.	0.
	istee	0	0		0.	0.
	RRY KING C/O SPAC		, and the second		•	<u> </u>
	istee	0	0		0.	0.
	<u>NDA TOOHEY C/O SARA HOSPITA</u>	L				
Tru	ıstee	0	0	•	0.	0.
					_	

Par	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. X
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
L	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		Λ
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	33 D		
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	Х	
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.	271		.,
	b Did the organization file Form 1120-POL for this year?	37 b		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
k	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	-		
a	a Initiation fees and capital contributions included on line 9			
b	b Gross receipts, included on line 9, for public use of club facilities			
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
t	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported			
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
C	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
c	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	-		
€	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	-		v
41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	IN I			
12 =	a The organization's			
42 6	books are in care of ► DAVID A FARR Telephone no. ► 518-5	81-1	201	
	Located at ► PO BOX 435 SARATOGA SPRINGS NY ZIP + 4 ► 12866			
Ł	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
		42 b		X
	If 'Yes,' enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
,	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
•	If IVas I enter the name of the foreign country.	720		
	The second of the foreign country.			
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	N/A
73	and enter the amount of tax-exempt interest received or accrued during the tax year		Ш	
	43		Yes	N/A No
44 =	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			
776	of Form 990-EZ.	44 a		Х
Ł	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
	instead of Form 990-EZ	44 b		X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
45 a	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		X
Ł	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		Х

26-3578956 Page **4**

						Yes	No
46 Did t	he organization engage, directly or indire idates for public office? If 'Yes,' complete	ctly, in political campa	nign activities on behalf of	of or in opposition to	AG		37
Part VI					46		X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization		upstions 17-19h and	d 52 and complete	a tha tahla)C	
	for lines 50 and 51.	ons must answer t	1065110115 47-430 am	u 32, and complete	tile table	55	
	Check if the organization used Schedu	le O to respond to any	guestion in this Part VI.				. 🖂
-			4			Yes	No
	ne organization engage in lobbying activities				4-		
	olete Schedule C, Part II						X
	e organization a school as described in se		·				X
	he organization make any transfers to an es,' was the related organization a section	·					X
	plete this table for the organization's five hig	-					
	oyees) who each received more than \$100,0				Су		
-		(h) Averege beure		(d) Health benefits,			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	(e) Estimate other com		
		to position		compensation			
None							
	the company of address and account of	100.000					
	I number of other employees paid over \$		andent centractors who as	ash received more than [©]	1100 000 of		
51 Comp	plete this table for the organization's five hig bensation from the organization. If there i	is none, enter 'None.'	defident contractors who ea	acii receiveu more man ş	p100,000 01		
	(a) Name and hydroge address of each independent of		(b) Type	of service	(c) Comp	oncatio	n
	(a) Name and business address of each independent of	ontractor	(-7.5)		(c) comp	ensalio	
None	(a) Name and business address of each independent of	ontractor	(-7,3,5)		(c) comp	ensation	
None_	(a) Name and business address or each independent of	ontractor	-		(c) comp	- Isatio	
None_	(a) Name and business address or each independent of	ontractor	-		(c) comp	Jei isatio	
None _	(a) Name and business address or each independent of	ontractor	-		(c) comp	e isalio	
None	(a) Name and business address or each independent of	ontractor	-		(c) comp	er isatio	
None	(a) Name and business address or each independent of	ontractor	-		(c) comp	er isatio	
<u>None</u> _	(a) Name and business address or each independent of		-		(c) comp	erisatio	
<u>None</u>	(a) Name and business address or each independent of		-		(c) comp	erisatio	
None	(a) Name and business address or each independent of	ontractor	-		(c) comp	erisation	
<u>None</u>	(a) Name and business address or each independent of	ontractor	-		(c) comp	e isalio	
	number of other independent contractors		-		(c) comp	RELISATION	
d Total	I number of other independent contractors the organization complete Schedule A? N	s each receiving over sote. All section 501(c)	- - - \$100,000	► 47(a)(1) nonexempt			
d Total 52 Did t chari	I number of other independent contractors he organization complete Schedule A? N table trusts must attach a completed Sch	s each receiving over sote. All section 501(c)	\$100,000	► 47(a)(1) nonexempt	X Yes		No.
d Total 52 Did t chari	I number of other independent contractors the organization complete Schedule A? N	s each receiving over sote. All section 501(c) nedule A	\$100,000	47(a)(1) nonexempt	X Yes		
d Total 52 Did t chari	I number of other independent contractors he organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	s each receiving over sote. All section 501(c) nedule A	\$100,000	47(a)(1) nonexempt be best of my knowledge and be edge.	X Yes		
d Total 52 Did t chari	I number of other independent contractors the organization complete Schedule A? N Itable trusts must attach a completed Sches of perjury, I declare that I have examined this return.	s each receiving over sote. All section 501(c) nedule A	\$100,000	47(a)(1) nonexempt	X Yes		
d Total 52 Did t chari Under penaltie true, correct, a	I number of other independent contractors the organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office Signature of officer David A Farr	s each receiving over sote. All section 501(c) nedule A	\$100,000	47(a)(1) nonexempt be best of my knowledge and be edge.	X Yes		
d Total 52 Did t chari Under penaltie true, correct, a	I number of other independent contractors he organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office Signature of officer David A Farr Type or print name and title	s each receiving over sote. All section 501(c) nedule A	\$100,000	47(a)(1) nonexempt be best of my knowledge and be edge. Date Accountant	Yes X Yes		
d Total 52 Did t chari Under penaltie true, correct, a	I number of other independent contractors the organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office Signature of officer David A Farr	s each receiving over sote. All section 501(c) nedule A	\$100,000	47(a)(1) nonexempt be best of my knowledge and be edge. Date Accountant	X Yes		
d Total 52 Did t chari Under penaltie true, correct, a	number of other independent contractors he organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office) David A Farr	s each receiving over sote. All section 501(c) ledule A	\$100,000	47(a)(1) nonexempt be best of my knowledge and be edge. Date Accountant Check if F	Yes X Yes	; [
d Total 52 Did t chari Under penaltie true, correct, a	I number of other independent contractors he organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office) David A Farr	s each receiving over sote. All section 501(c) ledule A	\$100,000	47(a)(1) nonexempt be best of my knowledge and be edge. Date Accountant Check if F	► X Yes	755	
d Total 52 Did t chari Under penaltie true, correct, a	I number of other independent contractors the organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office) David A Farr	s each receiving over sote. All section 501(c) needule A	\$100,000	47(a)(1) nonexempt a best of my knowledge and be edge. Date Accountant Check if self-employed (Check if self-employed) Firm's EIN	X Yes Selief, it is 253-56-9 14-1836	755	No
d Total 52 Did t chari Under penaltie true, correct, a	I number of other independent contractors he organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office) David A Farr	s each receiving over sote. All section 501(c) needule A	\$100,000	47(a)(1) nonexempt a best of my knowledge and be edge. Date Accountant Check if self-employed (Check if self-employed) Firm's EIN	X Yes elief, it is 2110 2110 2110 2110 2110 2110 2110 21	755 755 1212	No
d Total 52 Did t charit Under penaltie true, correct, a Sign Here Paid Preparer Use Only	I number of other independent contractors the organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office) David A Farr	s each receiving over sote. All section 501(c) needule A	\$100,000	47(a)(1) nonexempt be best of my knowledge and be edge. Date Accountant Check if self-employed (X Yes Selief, it is 253-56-9 14-1836	755 755 1212	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

SUSAN AND BILL DAKE FOUNDATION 26-3578956 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after q June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 X Type I Type III - Functionally integrated Type III — Non-functionally integrated Type II С d X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Χ check this box . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) Χ below, the governing body of the supported organization?..... A family member of a person described in (i) above?..... Χ 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Χ Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of monetary (i) Name of supported (iv) Is the (vi) Is the organization in column (i) organized in the U.S.? organization organization in column (i) listed in your governing document? support Yes Yes No Yes No No (A) SKIDMORE COLLEGE 14-1338502 COLLEGE Χ 0. Χ (B) (C) (D) (E) Total 0.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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.)

Sec	tion A. Public Support			T	1			
begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support			T	1			
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
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 assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12		
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)		
Sec	tion C. Computation of Pu	blic Support P	ercentage					
14	Public support percentage for 20	013 (line 6, columi	n (f) divided by lin	ne 11, column (f)) 	14	%	
	Public support percentage from					LL	%	
16 a	33-1/3% support test — 2013. If and stop here. The organization	the organization of qualifies as a pub	did not check the olicly supported o	box on line 13, a rganization	ind the line 14 is 3	3-1/3% or more, c	heck this box	
k	33-1/3% support test — 2012. If the and stop here. The organization							
17 a	17 a 10%-facts-and-circumstances test − 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization □							
k	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test. check this	box and stop her	e. Explain in Part	IV how the	
18	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check thi	is box and see inst	ructions ►	
								

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
_	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified 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.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 a	Amounts from line 6						
	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 IV.).						
13	Total Support. (Add Ins 9,10c, 11 and 12.)						
	First five years. If the Form 990 organization, check this box and			d, third, fourth, c	or fifth tax year as	a section 501(c)(3	3)▶ □
Sec	tion C. Computation of Pul						
15	Public support percentage for 20	•	• • •				%
16	Public support percentage from 2					16	olo
Sec	tion D. Computation of Inv						
17	Investment income percentage for			-			00
18	Investment income percentage for						%
	33-1/3% support tests – 2013. If is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%	, check this box	and stop here. The	e organization qu	ialifies as a public	ly supported orgar	nization
20	Private foundation. If the organization	zation did not che	eck a box on line 1	4, 19a, or 19b, o	check this box and	see instructions.	▶ []

Scriedule A	4 (FORTH 990 OF 990-EZ) 2013	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	

SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
 ► Attach certified copies of any articles of dissolution, resolutions, or plans.
 ► Attach to Form 990 or 990-EZ.
 ► Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

	I AND BILL DAKE FOUN	DATTON				26-357	005 <i>6</i>	ber	
Part I	Liquidation, Termination	on, or Dissoli	ution. Complete this	s part if the organ	nization answered "	Yes' to Form 990, Part IV, line 31		990-EZ	, -,
1	line 36. Part I can be d (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distributio	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or	(e) EIN of recipient	(f) Name and address of recipient		(g) IRC so recipier tax-exer type of	mpt) o
117		4/21/14	117						
						,			
								Yes	No
a Be		successor or tra	nsferee organization?						Х
c Be	come a direct or indirect owner	r of a successor	or transferee organizati	on?			2c		X
	eceive, or become entitled to, controlled to, contr			~	·	termination, or dissolution?	2 d		X

	N (Form 990 or 990-EZ) 2013	0001111	AND BILL DAKE F	OUNDATION		26-35789	56		Page
Part I	Liquidation, Terminatio	n, or Dissolu	ition (continued)						
No (To	te. If the organization distribute tal liabilities), should equal -0	ed all of its asse	ts during the tax year, t	hen Form 990, Part X	, column (B), line 16 (Total assets), and line 26		Yes	No
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If 'No,' describe in Part III							3	Х	
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?						4 a		Х	
b If "	es', did the organization provid	de such notice?					4 b		
5 Did	the organization discharge or	pay all liabilities	in accordance with sta	te laws?			5	Х	
6 a Dic	the organization have any tax-	-exempt bonds	outstanding during the	/ear?			6 a		Х
						6 b			
		sition. or Oth	er Transfer of More	e than 25% of the	Organization's As	ssets. Complete this part if the organiza	ation	answe	ered
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient		(g) IRC recipient exempt) en	(s) (if tax

						Yes	No	
2 Did or will any officer, director, tru	stee, or key em	ployee of the organizat	ion:					
a Become a director or trustee of a	successor or tra	ansferee organization?.				2 a		1
b Become an employee of, or indep	endent contract	or for, a successor or tr	ransferee organization	n?		2 b		
c Become a direct or indirect owner	of a successor	or transferee organizat	ion?			2 c		
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?						2 d		
e If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III.▶								

Schedule N	l (Form 990 or 990-EZ) 2013	SUSAN AND BILL	DAKE FOUNDATION	26-3578956	Page 3
Part III	Supplemental Informatio	n. Provide the inform	nation required by Part I,	lines 2e and 6c, and Part II,	
	ille Ze. Also complete till	s part to provide any	additional information.		
· -	· - -				_

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SUSAN AND BILL DAKE FOUNDATION 26-3578956 Form 990-EZ, Part III - Organization's Primary Exempt Purpose The intent is to provide support to the charitable organizations set forth on Schedule I of the Susan and Bill Dake Foundation trust agreement. Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments The intent is to provide public support to health care organizations, educational institutions, organizations supporting civic activities, or arts organizations operating in the states Stewart's Shops does business in, New York and Vermont, and contiguous states and provinces. For 2013 there was no activity. Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?....

Annual Filing for Charitable Organizations 2013 Form CHAR500 New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section This form used for **Open to Public** Article 7-A, EPTL and dual filers 120 Broadway (replaces forms CHAR 497, CHAR New York, NY 10271 Inspection 010 and CHAR 006) http://www.charitiesnys.com 1. General Information a. For the fiscal year beginning (mm/dd/yyyy) 01/01 /2013 and ending (mm/dd/yyyy) 12/31/2013 b. Check if applicable for NYS: c. Name of organization d. Fed. employer ID no. (EIN) (##-######) Address change 26-3578956 Name change e. NY State registration no. (##-##-##) SUSAN AND BILL DAKE FOUNDATION Initial filing F200909110000278 X Final filing Number and street (or P.O. box if mail is not delivered to street address) Room/suite f. Telephone number Amended filing PO BOX 435 518-581-1201 g. Email City or town, state or country and zip + 4 NY registration pending SARATOGA SPRINGS, NY 12866 2. Certification - Two Signatures Required We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. WILLIAM P DAKE Trustee a. President or Authorized Officer Signature Date Printed Name Title

b. Giller Financial Officer of Treasurer	Signature	Printed Name	Title	Date
3. Annual Report Exemption Info	mation			
a. Article 7-A annual report exem Check → if total contributions \$25,000 and the contributions during	s from NY State (inc organization did no	egistrants and dual registrants) cluding residents, foundations, cor t engage a professional fund ra	porations, government ager	ncies, etc.) did not exceed counsel (FRC) to solicit
United Way or incorporated commu	ınity appeal and cont	n if no PFR or FRC was used ar ributions from all sources did not ex ncy to which it submitted an ann	ceed \$25,000 or 2) it received	n allocation from a federated fund, d all or substantially required by Article 7-A.
b. EPTL annual report exemption	(EPTL registrants	and dual registrants)		
Check → X if gross receipts did no	t exceed \$25,000 and th	ne assets (market value) did not exceed	\$25,000 at any time during this f	iscal year.
registrants claiming the	e annual report exe (Certification) an	annual report exemption under the motions under both laws, simpled part 3 (Annual Report Exemple the following schedules and control of the second control	oly complete part 1 (Gene tion Information) above.	, · · ·

SUSAN L DAKE

b. Chief Financial Officer or Treasurer >

4. Article 7-A Schedules

Trustee

0.

0.

"NYS Department of Law"

* If "Yes", complete Schedule 4a. b. Did the organization receive government contributions (grants)? * If "Yes", complete Schedule 4b.		Yes* No
5. Fee Submitted: See last page for summary of fee requirements.		
Indicate the filing fee(s) you are submitting along with this form: a. Article 7-A filing fee	0.	Submit only one check or money order

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see page 4 for required attachments

If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?......

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions

Article 7-A
 Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.

• EPTL Calculate the EPTL filing fee using the table in part b below. the Article 7-A filing fee is \$0.

Dual
 Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the
 Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money

order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) ETPL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers		
Filing Fee		
X Single check or money order payable to	'NYS Department of Law'	
Copies of Internal Revenue Service Forms	_	
IRS Form 990 All required schedules (including Schedule B IRS Form 990-T	X IRS Form 990-EZ X All required schedules (including Schedule B IRS Form 990-T	IRS Form 990-PF All required schedules (including Schedule B IRS Form 990-T

Additional Article 7-A Document Attachment Requirement				
Independent Accountant's Report				
Audit Report (total support & revenue more than \$250,000)				
Review Report (total support & revenue \$100,001 to \$250,000)				
No Accountant's Report Required (total support & revenue not more than \$100,000)				