Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE ADIRONDACK TRUST COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1977

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THE ADIRONDACK TRUST COMPANY

473 BROADWAY
SARATOGA SPRINGS, NY 12866

2b Employer Identification Number (EIN)
14-0458765

2c Plan Sponsor's telephone number
518-584-5844

2d Business code (see instructions)
522110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2017	JOHN ARNOLD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	448
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	247
a(2) Total number of active participants at the end of the plan year	**6a(2)**	246
b Retired or separated participants receiving benefits	**6b**	80
c Other retired or separated participants entitled to future benefits	**6c**	102
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	428
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f Total. Add lines **6d** and **6e**.	**6f**	432
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	432
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2H 2J 2K 2P 2S 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
THE ADIRONDACK TRUST COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
THE ADIRONDACK TRUST COMPANY

D Employer Identification Number (EIN)
14-0458765

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	371	321037
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2538266	1584235
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	102712	102970
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5053486	6316491
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	35076239	39993590
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	42771074	48318323
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	1185640	320714
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1185640	320714
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	41585434	47997609

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1465208	
	(B) Participants	2a(1)(B)	654091	
	(C) Others (including rollovers)	2a(1)(C)	130637	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2249936
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5185	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	4784	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9969
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	1063879	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	199032	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1262911
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	4760719	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		4760719

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8283535
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1825352	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1825352
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		42336
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	3672	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3672
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1871360
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6412175
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FLYNN, WALKER, DIGGIN, P.C. **(2)** EIN: 14-1751323

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
THE ADIRONDACK TRUST COMPANY EMPLOYEE STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
THE ADIRONDACK TRUST COMPANY

D Employer Identification Number (EIN)
14-0458765

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 14-0458765 20-0937408

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☒ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☒ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☒ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☒ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

FLYNN, WALKER, DIGGIN C.P.A., P.C.

CERTIFIED PUBLIC ACCOUNTANTS

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Independent Auditor's Report

The Administrative Committee
The Adirondack Trust Company
Employee Stock Ownership Plan:

We have audited the accompanying financial statements of The Adirondack Trust Company Employee Stock Ownership Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of The Adirondack Trust Company Employee Stock Ownership Plan as of December 31, 2016 and 2015, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Restatement

As described in Note 9 to the financial statements, the prior year financial statement amounts have been restated to current presentation regarding recognizing dividend income as of the ex-dividend date versus the record date. Accordingly, amounts reported for dividends receivable and dividend income have been restated in the 2015 financial statements now presented, and an adjustment has been made to net assets available for benefits as of December 31, 2015. Our opinion is not modified with respect to that matter.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Item 4I, Schedule of Assets Held for Investment Purposes as of December 31, 2016, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Flynn, Walker, Diggin CPA, PC

FLYNN, WALKER, DIGGIN C.P.A., P.C.

October 11, 2017

THE ADIRONDACK TRUST COMPANY
EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2016 AND 2015

ASSETS	2016	2015 (RESTATED)
INVESTMENTS:		
THE ADIRONDACK TRUST COMPANY COMMON STOCK	**$ 23,217,142**	20,285,903
473 BROADWAY HOLDING COMPANY COMMON STOCK	**16,776,448**	14,790,336
MUTUAL FUNDS	**6,316,491**	5,053,486
	46,310,081	40,129,725
OTHER ASSETS:		
CASH	**1,584,235**	2,538,266
DIVIDENDS AND INTEREST RECEIVABLE	**321,037**	315,985
NOTES RECEIVABLE FROM PARTICIPANTS	**102,970**	102,712
	2,008,242	2,956,963
TOTAL ASSETS	**48,318,323**	43,086,688
LIABILITIES		
NOTE PAYABLE, BANK	**-**	1,185,640
NET ASSETS AVAILABLE FOR BENEFITS	**$ 48,318,323**	41,901,048

SEE ACCOMPANYING NOTES.

THE ADIRONDACK TRUST COMPANY
EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015

	2016	2015 (RESTATED)
ADDITIONS TO NET ASSETS:		
INTEREST	$ 9,969	7,507
DIVIDENDS	1,268,011	1,298,977
EMPLOYER CONTRIBUTIONS - PARTICIPANTS	1,422,872	1,326,530
EMPLOYER CONTRIBUTIONS - INTEREST	42,336	53,629
EMPLOYEE CONTRIBUTIONS	784,728	749,941
NET APPRECIATION (DEPRECIATION) IN FAIR MARKET VALUE OF COMMON STOCK	4,476,423	(1,200,256)
NET APPRECIATION (DEPRECIATION) IN FAIR MARKET VALUE OF MUTUAL FUNDS	284,296	(220,259)
TOTAL ADDITIONS TO NET ASSETS	8,288,635	2,016,069
DEDUCTIONS FROM NET ASSETS:		
DISTRIBUTIONS TO PARTICIPANTS	1,825,352	1,935,149
INTEREST EXPENSE	42,336	53,629
SERVICE FEE	3,672	625
TOTAL DEDUCTIONS FROM NET ASSETS	1,871,360	1,989,403
NET INCREASE IN NET ASSETS	6,417,275	26,666
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	41,901,048	41,874,382
END OF YEAR	$ 48,318,323	41,901,048

SEE ACCOMPANYING NOTES.

1. Plan Description and Basis of Presentation

The following description of the Adirondack Trust Company Employee Stock Ownership Plan is provided for general information purposes only. Participants should refer to the "Plan Document" for complete information.

A. **General** - The Adirondack Trust Company (Company) established The Adirondack Trust Company Employee Stock Ownership Plan (Plan) effective as of January 1, 1977. On October 8, 2014, the Plan was amended and operates, in relevant part, as an employee stock ownership plan (ESOP), a 401(k) Plan and as a 401(m) Plan, and is designed to comply with the Internal Revenue Code of 1986, as amended (Code) and is subject to the applicable provisions for the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is administered by an Employee Benefits Administration Committee comprising up to five persons appointed by The Adirondack Trust Company's Board of Directors.

Employees of the Company are eligible to participate in the ESOP portion of the Plan after one year of service providing they worked at least 1,000 hours during such plan year and have attained age 21. Employees of the Company are eligible to participate in the 401(k) portion of the Plan after three months of service providing they have attained age 18.

B. **Contributions** - The amount of the employer contribution for the ESOP portion of the Plan is discretionary and is determined annually by the Board of Directors of The Adirondack Trust Company. After 10 years of service and attaining the age of 55, a participant has the right to direct the investment, or elect a distribution, of a portion of their ESOP account attributable to company stock.

As of January 1, 2013, Plan participants that have attained the age of 18, completed three months of service, and are not eligible to participate in The Adirondack Trust Company Pension Plan are eligible to receive a matching Employer contribution for the 401(k) portion of the Plan. Company matching contributions equal up to 100% of each participant's deferred compensation with a maximum of 3% of eligible compensation.

Participants have the option to defer their eligible compensation up to the maximum amount allowable to the 401(k) portion of the Plan. The option features an automatic enrollment feature with a pretax salary deferral of 3%. Participants have the option to elect increased salary deferrals and the option to designate deferrals as Roth contributions on an after tax basis. Participants are permitted to make rollover contributions.

Participants may diversify the 401(k) portion of their account regardless of age or years of service into certain mutual funds.

1. Plan Description and Basis of Presentation, Continued

C. **Participant Accounts** - Each participant's account is credited with an allocation of (a) Employer's contribution (b) Employee's contribution (c) Plan earnings, and (d) forfeitures of terminated participants' non-vested accounts. Generally, the Employer's contribution and any forfeitures are allocated to each eligible participant in proportion to compensation. Investment earnings or losses (including net appreciation or depreciation) are allocated on the basis of the participants' account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's accounts.

For the year ended December 31, 2016 all available assets were allocated to participant accounts except for $321,037 of dividends and interest receivable. For the year ended December 31, 2015, all available assets except for $315,985 of dividends and interest receivable and shares of The Adirondack Trust Company's common stock (see Note 8) were allocated to participant accounts.

D. **Vesting** – Participants are immediately vested in their contributions and employer matching contributions plus actual earnings thereon. Participants are vested in employer discretionary contributions based on the following schedule:

Years of Service	Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	100%

Participants who reach their normal retirement age, generally age 65, will become fully vested.

E. **Forfeited Accounts** - Forfeitures are created when a participant terminates employment prior to becoming fully vested. If, after five years, the participant does not rejoin the plan, the forfeited amount is reallocated to eligible participants in the same way as employer contributions are allocated. At December 31, 2016 and 2015 forfeitures reallocated to participants totaled $4,433 and $9,987, respectively.

F. **Payment of Dividends** - Employees who are vested members may elect to receive The Adirondack Trust Company and 473 Broadway Holding Corporation dividends earned. This election will reduce the participant's amount available at retirement.

G. **Voting Rights** - Participants are entitled to exercise voting rights attributable to the shares of The Adirondack Trust Company stock allocated to their account. If a participant does not timely exercise the right to vote Company stock, the trustee will vote such Company stock.

1. Plan Description and Basis of Presentation, Continued

H. **Notes Receivable from Participants** – Participants may borrow from the 401(k) portion of their accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of the participant's vested account balance. The notes are secured by the participant's vested account balance and bear interest rates as determined by the Plan's administrator by reviewing the interest rate charged for similar types of notes by other lenders. In general, the terms of the note may not exceed five years and are required to be paid by payroll deductions or automated clearing house system for electronic funds transfer (ACH).

I. **Payment of Benefits** - No distributions from the Plan will be made until a participant retires, dies (in which case, payment shall be made to his or her beneficiary or, if none, his or her legal representatives), after attainment of age 55 if the participant is fully vested, or under the prescribed circumstances in the event of financial hardship.

Distributions are made in cash or, if a participant elects, in the form of Company common stock plus cash for any fractional share. Unless a participant elects otherwise, distributions to a participant or the participant's beneficiary attributable to employer securities shall be in substantially equal monthly, quarterly, semiannual or annual installments over a period not longer than five years. Participants are allowed to receive in-kind distributions from the participant directed account attributable to the ESOP portion of the Plan to the extent the administrator reasonably determines that the assets at issue may be transferred in kind.

J. **Termination** - The Company reserves the right to terminate the Plan at any time, subject to Plan provisions. Upon such termination of the Plan, no further contributions will be made to the Plan and all amounts credited to participant's accounts will become 100% vested. The interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan terms and the Code.

K. **Put Option** - Under provisions of the Plan the participant or beneficiary will have two put options. The put options are rights to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay in cash or in installments over a period of five years or in some cases not in excess of ten years.

2. Summary of Significant Accounting Policies

A. **Investment Valuation and Income Recognition** - Investments held in the Plan are valued at fair value on December 31, 2016 and 2015. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Dividend income is recorded on the ex-dividend date.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

2. Summary of Significant Accounting Policies, Continued

B. **Notes Receivable from Participants** – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

C. **Financial Statements** - The financial statements are prepared using the accrual method of accounting.

D. **Payment of Benefits** - Benefits are recorded when paid.

E. **Use of Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

F. **Cash** - The Plan classifies cash on hand and cash in savings and checking accounts as cash. The Plan's cash is exposed to concentrations of credit risk. At times, such amounts may be in excess of the FDIC insurance limit.

G. **Reclassification** - Certain prior year amounts have been reclassified to current period presentation.

3. Tax Status

The IRS has determined and informed the Plan sponsor by a letter dated April 14, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

4. Administration of Plan Assets

Plan assets are held in a trust fund. The trustee is responsible for the safekeeping of the trust fund which is used for the accumulation of assets from which benefits will be distributed.

The ESOP portion of the Plan's assets consist principally of The Adirondack Trust Company and 473 Broadway Holding Corporation common stock. The Adirondack Trust Company is a commercial bank serving customers primarily in northern Saratoga County, New York and surrounding towns and a wholly owned subsidiary that engages in insurance agency activities. 473 Broadway Holding Corporation is a one-bank holding company with operations and headquarters in Saratoga Springs, New York.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. During the years ended December 31, 2016 and 2015, The Adirondack Trust Company absorbed substantially all administrative costs of the Plan.

5. Fair Value Measurements

The Plan records purchased investments at their fair value. The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy consists of three broad levels:

- Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. The fair value of mutual funds are based on quoted market prices.

- Level 2 inputs consist of observable inputs other than quoted prices for identical assets. The Plan did not hold Level 2 investments.

- Level 3 inputs are unobservable for the investments and include situations where there is little, if any, market activity for the investment. The values of The Adirondack Trust Company stock and 473 Broadway Holding Corporation stock are based on annual independent appraisals. The appraisals were based on a combination of the market and income valuation techniques.

The fair value measurement for each investment is based on the lowest level of observable input for that investment. When available the Plan measures assets using Level 1 inputs because they generally provide the most reliable evidence of fair value.

The following table represents the Plan's fair value hierarchy for those assets measured at fair value as of December 31, 2016:

	Fair Value Measurements as of December 31, 2016	
	Level 1	Level 3
The Adirondack Trust Company Common Stock	$ -	**23,217,142**
473 Broadway Holding Company Common Stock	-	**16,776,448**
Mutual Funds	**6,316,491**	-
Total	**$ 6,316,491**	**39,993,590**

5. Fair Value Measurements, Continued

The following table represents the Plan's fair value hierarchy for those assets measured at fair value as of December 31, 2015:

	Fair Value Measurements as of December 31, 2015	
	Level 1	Level 3
The Adirondack Trust Company Common Stock	$ -	20,285,903
473 Broadway Holding Company Common Stock	-	14,790,336
Mutual Funds	5,053,486	-
Total	$ 5,053,486	35,076,239

The following table provides further details of the Level 3 fair value measurements for the year ended December 31, 2016.

	The Adirondack Trust Company Common Stock	473 Broadway Holding Corporation Common Stock	Total
Beginning balance	**$ 20,285,903**	**14,790,336**	**35,076,239**
Net appreciation in fair market value of common stock	**2,596,999**	**1,879,424**	**4,476,423**
Purchases	**344,074**	**106,688**	**450,762**
Distributions	**(9,834)**	**-**	**(9,834)**
Ending balance	**$ 23,217,142**	**16,776,448**	**39,993,590**
Total gains or losses for the year included in changes in net assets available for benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date	**$ 2,596,999**	**1,879,424**	**4,476,423**

5. Fair Value Measurements, Continued

The following table provides further details of the Level 3 fair value measurements for the year ended December 31, 2015.

	The Adirondack Trust Company Common Stock	473 Broadway Holding Corporation Common Stock	Total
Beginning balance	$ 20,841,720	15,295,680	36,137,400
Net depreciation in fair market value of common stock	(694,912)	(505,344)	(1,200,256)
Purchases	145,875	-	145,875
Distributions	(6,780)	-	(6,780)
Ending balance	$ 20,285,903	14,790,336	35,076,239
Total gains or losses for the year included in changes in net assets available for benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date	$ (694,912)	(505,344)	(1,200,256)

The Adirondack Trust Company stock held by the Plan represents approximately 16.45% and 16.19% of the average outstanding common stock at December 31, 2016 and 2015, respectively.

The 473 Broadway Holding Corporation stock held by the Plan represents approximately 23.67% and 23.50% of the average outstanding stock at December 31, 2016 and 2015, respectively.

6. Investments

The following table presents the Plan's investments at December 31, 2016 and December 31, 2015 that represent 5% or more of the Plan's net assets.

	2016			2015		
Description	Number of Shares	Cost	Market	Number of Shares	Cost	Market
The Adirondack Trust Company	**12,577**	**$ 9,996,514**	**$ 23,217,142**	12,377	$ 9,662,274	20,285,903
473 Broadway Holding Corporation (Each share indirectly represents 32 shares of The Adirondack Trust Company common stock)	**284**	**$ 4,959,658**	**16,776,448**	282	$ 4,852,970	14,790,336

7. Nonparticipant-Directed Net Assets

The following table represents information about the net assets and significant components of the changes in net assets relating to the nonparticipant–directed investments.

	December 31,	
	2016	2015
The Adirondack Trust Company Common Stock	**$ 23,217,142**	20,285,903
473 Broadway Holding Company Common Stock	**16,776,448**	14,790,336
Cash	**1,486,346**	2,411,932
Dividends and Interest Receivable	**321,037**	315,985
Note Payable, Bank	-	(1,185,640)
Total	**$ 41,800,973**	36,618,516

Changes in Net Assets for the year ended December 31, 2016:

Interest	**$ 5,211**
Dividends	**1,068,980**
Employer Contributions – Participants	**1,185,640**
Employer Contributions – Interest	**42,336**
Net Appreciation in Market Value of Common Stock	**4,476,423**
Distributions	**(1,553,797)**
Interest Expense	**(42,336)**
	$ 5,182,457

8. Note Payable, Bank

On September 14, 2012 the Plan entered into a $3,000,000 non-revolving line-of-credit agreement with a bank (unrelated), the proceeds of which are to be used to purchase qualified employer securities, at an interest rate equal to the U.S. Prime Rate as published in the Wall Street Journal adjusted January 1st of each year with a minimum rate of 3.75% and a maturity date of December 31, 2022. The agreement was amended on December 9, 2013, increasing the line-of-credit to $3,330,966. The securities purchased with loan proceeds are to be held as collateral. Shares are released from collateral and allocated to participant's accounts as payments of principal and interest are made. The number of shares released in any year is equal to the number of shares held as collateral immediately before release multiplied by a fraction, the numerator of which is the principal and interest paid on the note that year and the denominator of which is the sum of the numerator plus the principal and interest to be paid for all future years, without taking into account extensions, renewals, or changes to interest rates.

8. Note Payable, Bank, Continued

During 2016, 678 shares were released and allocated to participant accounts. At December 31, 2016, there was no outstanding balance payable on the loan.

As this is a non-revolving line-of-credit, the remaining amount available for future borrowings at December 31, 2016 was $469,193.

9. Net Assets Available for Benefits

Restatement – The prior year financial statement amounts have been restated to conform to current year presentation regarding recognizing dividend income as of the ex-dividend date versus the record date. This impacts dividends that are declared near year end which are paid in the subsequent year.

As these are comparative financial statements, certain amounts pertaining to 2015 have been restated to reflect ex-dividend date recognition of dividend income as follows:

Increase Net assets, beginning of year (January 1, 2015)	$ 313,548
Net increase, Dividends Receivable/Income	2,066
Increase Net assets, end of year (December 31, 2015)	$ 315,614

This restatement does not impact the balances of individual participant accounts since dividends are not allocated to said accounts until paid.

10. Reconciliation of Net Assets per the Financial Statements to Schedule H of Form 5500

The financial statements record dividend income as of the ex-dividend date. Form 5500 recognizes dividend income as of the record date. The following is a reconciliation of net asset available for benefits per the financial statements to schedule H of Form 5500:

	2016	2015
Net Assets Available for Benefits per Financial Statement	**$ 48,318,323**	41,901,048 (Restated)
Less: Dividend Income Accrued on Ex-Dividend Date	**(320,714)**	(315,614)
Net Assets Available for Benefits per Form 5500, Schedule H	**$ 47,997,609**	41,585,434

11. Employer Contributions

The following Employer contributions were made for the years ending:

	December 31, 2016	December 31, 2015
ESOP:		
Cash	**$ 1,227,976**	1,200,000
401(k):		
Cash	**237,232**	180,159
	$ 1,465,208	1,380,159

Employer contributions for the years ended December 31, 2016 and 2015 included an allocation to pay the interest expense on promissory notes totaling $42,336 and $53,629, respectively.

12. Employee Contributions

Employee contributions for the years ended December 31, 2016 and 2015 included salary deferrals of $653,325 and $611,265, respectively and rollover contributions of $131,403 and $138,676, respectively.

13. Related Party Transactions

The Plan recorded dividend income for the years ended December 31, 2016 and 2015 in the amount of $639,260 and $630,666, respectively for shares held of The Adirondack Trust Company and $429,720 and $407,067, respectively for the shares held of 473 Broadway Holding Corporation.

In addition, interest bearing cash accounts for the ESOP portion of the Plan are maintained by The Adirondack Trust Company and totaled $1,486,346 and $2,407,144 at December 31, 2016 and 2015, respectively.

14. Distributions to Participants

Distributions from the Plan during the year ended December 31, 2016, included benefits paid of $1,298,838 and dividends paid of $526,514. Distributions from the Plan during the year ended December 31, 2015 included benefits paid of $1,643,986 and dividends paid of $291,163.

15. Subsequent Events

A. Effective June, 2017 the Plan was amended and a distribution policy was adopted.

B. The Plan Administrator has evaluated subsequent events through October 11, 2017 the date the financial statements were available to be issued.

SCHEDULE 1

THE ADIRONDACK TRUST COMPANY
EMPLOYEE STOCK OWNERSHIP PLAN

SCHEDULE H, ITEM 4I
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2016

PLAN SPONSOR EIN 14-0458765/ PLAN NUMBER 002

NON-PARTICIPANT DIRECTED ASSETS HELD FOR INVESTMENT PURPOSES

IDENTITY OF ISSUE	DESCRIPTION	COST	MARKET VALUE
COMMON STOCK			
THE ADIRONDACK TRUST COMPANY*	12,577 SHARES	$ 9,996,514	23,217,142
473 BROADWAY HOLDING CORPORATION *	284 SHARES	$ 4,959,658	16,776,448

PARTICIPANT DIRECTED ASSETS HELD FOR INVESTMENT PURPOSES

MUTUAL FUNDS			
AMERICAN FUNDS CAP WORLD GROWTH AND INCOME FUND CLASS R6	3,655.346 SHARES		160,177
FEDERATED TOTAL RETURN BOND FUND	24,229.668 SHARES		261,196
FEDERATED US GOVERNMENT SEC 2-5 YR	5,633.209 SHARES		61,233
FIDELITY CONTRAFUND	4,094.364 SHARES		403,131
FIDELITY TOTAL BOND FUND	16,439.514 SHARES		172,944
OPPENHEIMER DEVELOPING MARKETS I	4,639.958 SHARES		148,293
OPPENHEIMER DISCOVERY I	1,198.747 SHARES		91,129
PIMCO SHORT TERM FUND INSTITUTIONAL	18,832.077 SHARES		184,554
T ROWE PRICE DIVIDEND GROWTH I	8,800.795 SHARES		327,126
T ROWE PRICE GROWTH STOCK	5,310.093 SHARES		282,922
T ROWE PRICE RETIREMENT 2015	135.062 SHARES		1,915
T ROWE PRICE RETIREMENT 2020	243.362 SHARES		4,967
T ROWE PRICE RETIREMENT 2025	.001 SHARES		-
T ROWE PRICE RETIREMENT 2035	357.059 SHARES		5,816
T ROWE PRICE RETIREMENT 2040	2,419.385 SHARES		56,154
T ROWE PRICE RETIREMENT 2045	603.112 SHARES		9,421
T ROWE PRICE RETIREMENT 2050 FUND	1,503.140 SHARES		19,751
T ROWE PRICE RETIREMENT 2055 FUND	965.313 SHARES		12,713
T ROWE PRICE RETIREMENT 2060	452.564 SHARES		4,589
T ROWE PRICE VALUE FUND I	10,450.628 SHARES		351,559
VANGUARD EQUITY INCOME FUND ADMIRAL	3,503.451 SHARES		239,531

SEE INDEPENDENT AUDITOR'S REPORT.

THE ADIRONDACK TRUST COMPANY
EMPLOYEE STOCK OWNERSHIP PLAN

SCHEDULE H, ITEM 4I
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES, CONTINUED

DECEMBER 31, 2016

PLAN SPONSOR EIN 14-0458765/ PLAN NUMBER 002

IDENTITY OF ISSUE	DESCRIPTION	COST	MARKET VALUE
PARTICIPANT DIRECTED ASSETS HELD FOR INVESTMENT PURPOSES, CONTINUED			
VANGUARD 500 INDEX FUND ADMIRAL	2,637.918 SHARES		544,915
VANGUARD INFLATION PROTECTED SECURITIES FUND	5,024.977 SHARES		128,036
VANGUARD INTERMEDIATE-TERM TREASURY FUND	5,252.299 SHARES		58,248
VANGUARD LIFE STRATEGY CONSERVATIVE GROWTH	295.711 SHARES		5,453
VANGUARD LIFE STRATEGY GROWTH FUND	1,001.099 SHARES		28,902
VANGUARD LIFE STRATEGY INCOME FUND	.101 SHARES		2
VANGUARD LIFE STRATEGY MODERATE GROWTH FUND	1,794.780 SHARES		43,344
VANGUARD MID CAP INDEX ADMIRAL SHARES	1,173.480 SHARES		191,207
VANGUARD SHORT-TERM INVESTMENT GRADE ADMIRAL	13,109.36 SHARES		139,352
VANGUARD TOTAL STOCK MARKET INDEX FUND ADMIRAL	6,232.008 SHARES		349,491
VANGUARD WELLINGTON FUND ADMIRAL	30,072.945 SHARES		2,028,420
TOTAL MUTUAL FUNDS			6,316,491

	2016	2015
NOTES RECEIVABLE FROM PARTICIPANTS		
PARTICIPANT LOANS - 5.5% - 5.75% INTEREST RATES	$ 102,970	102,712

*INVESTMENT IN IDENTIFIED PARTY-IN-INTEREST.

SEE INDEPENDENT AUDITOR'S REPORT.