

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2018

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

CLOUDSPLITTER FOUNDATION

Employer identification number

22-2784895

Name and title of officer

ERNEST E KEET, TRUSTEE

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	_____
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	_____
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3b	_____
4a	Form 990-PF check here ▶	<input checked="" type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	<u>4,677.</u>
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c) . . . . .	5b	_____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize BENDER LANE ADVISORY LLC to enter my PIN 1 2 0 6 4 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_

Date ▶ 06/05/2019

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

1 4 2 0 4 7 1 2 0 6 5  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Department of the Treasury  
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

**2018**

**Open to Public Inspection**

For calendar year **2018** or tax year beginning , **2018**, and ending , **20**

Name of foundation <b>CLOUDSPLITTER FOUNDATION</b>		<b>A Employer identification number</b> 22-2784895
Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	<b>B Telephone number (see instructions)</b>  (518) 218-1221
City or town, state or province, country, and ZIP or foreign postal code <b>SARANAC LAKE, NY 12983</b>		<b>C</b> If exemption application is pending, check here. . . . . <input type="checkbox"/>
<b>G</b> Check all that apply:		
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	<b>D</b> 1. Foreign organizations, check here. . . . . <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation . . . . . <input type="checkbox"/>
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here. . . . . <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 21,454,089.	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	
		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. . . . . <input type="checkbox"/>

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)				
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received (attach schedule)				
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B. . . . .				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities . . . . .	512,909.	512,909.		
5a Gross rents . . . . .				
b Net rental income or (loss) _____				
6a Net gain or (loss) from sale of assets not on line 10	-16,259.			
b Gross sales price for all assets on line 6a 1,999,741.				
7 Capital gain net income (from Part IV, line 2) . . . . .		0.		
8 Net short-term capital gain. . . . .				
9 Income modifications . . . . .				
10a Gross sales less returns and allowances . . . . .				
b Less: Cost of goods sold . . . . .				
c Gross profit or (loss) (attach schedule) . . . . .				
11 Other income (attach schedule) <u>ATCH 1</u> . . . . .	-26,596.	-26,596.		
12 <b>Total.</b> Add lines 1 through 11 . . . . .	470,054.	486,313.		
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc. . . . .	0.			
14 Other employee salaries and wages . . . . .	44,501.			44,501.
15 Pension plans, employee benefits . . . . .	1,335.			1,335.
16a Legal fees (attach schedule) <u>ATCH 2</u> . . . . .	12,450.			12,450.
b Accounting fees (attach schedule) . . . . .				
c Other professional fees (attach schedule) <u>[3]</u> . . . . .	3,750.			3,750.
17 Interest. <u>ATCH 4</u> . . . . .	37.	37.		
18 Taxes (attach schedule) (see instructions) <u>[5]</u> . . . . .	19,500.	16,006.		
19 Depreciation (attach schedule) and depletion . . . . .				
20 Occupancy . . . . .				
21 Travel, conferences, and meetings . . . . .	8,067.			
22 Printing and publications . . . . .				
23 Other expenses (attach schedule) <u>ATCH 6</u> . . . . .	34,903.	2,572.		
24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23. . . . .	124,543.	18,615.		62,036.
25 Contributions, gifts, grants paid . . . . .	1,286,062.			1,286,062.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .	1,410,605.	18,615.	0.	1,348,098.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-940,551.			
b Net investment income (if negative, enter -0-)		467,698.		
c Adjusted net income (if negative, enter -0-)				

<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1	Cash - non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	245,494.	1,473,614.	1,473,614.
	3	Accounts receivable ▶ _____ 9,521.			
		Less: allowance for doubtful accounts ▶ _____	5,275.	9,521.	9,521.
	4	Pledges receivable ▶ _____			
		Less: allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____			
		Less: allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments - U.S. and state government obligations (attach schedule). .			
	b	Investments - corporate stock (attach schedule) <u>ATCH 7</u>	2,525,637.	2,525,637.	3,568,787.
	c	Investments - corporate bonds (attach schedule) . . . . .			
	11	Investments - land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
12	Investments - mortgage loans . . . . .				
13	Investments - other (attach schedule) . . . . . <u>ATCH 8</u>	14,435,348.	12,282,197.	16,402,167.	
14	Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____				
15	Other assets (describe ▶ _____)				
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .	17,211,754.	16,290,969.	21,454,089.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons . .			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0.	0.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> . . . . . <input type="checkbox"/>				
	<b>and complete lines 24 through 26, and lines 30 and 31.</b>				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/>				
	<b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .			
29	Retained earnings, accumulated income, endowment, or other funds . .	17,211,754.	16,290,969.		
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	17,211,754.	16,290,969.		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	17,211,754.	16,290,969.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	17,211,754.
2	Enter amount from Part I, line 27a . . . . .	<b>2</b>	-940,551.
3	Other increases not included in line 2 (itemize) ▶ <u>ATCH 9</u>	<b>3</b>	19,766.
4	Add lines 1, 2, and 3 . . . . .	<b>4</b>	16,290,969.
5	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 . . . .	<b>6</b>	16,290,969.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a</b> SEE PART IV SCHEDULE				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b>	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	-16,259.
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 . . . . .	{ }	<b>3</b>	0.

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	1,513,127.	22,645,640.	0.066818
2016	1,323,155.	21,746,474.	0.060845
2015	860,742.	23,468,198.	0.036677
2014	1,516,324.	24,782,640.	0.061185
2013	1,098,272.	21,569,833.	0.050917
<b>2</b>	<b>Total</b> of line 1, column (d) . . . . .		0.276442
<b>3</b>	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years . . . . .		0.055288
<b>4</b>	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 . . . . .		23,241,132.
<b>5</b>	Multiply line 4 by line 3. . . . .		1,284,956.
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b). . . . .		4,677.
<b>7</b>	Add lines 5 and 6. . . . .		1,289,633.
<b>8</b>	Enter qualifying distributions from Part XII, line 4. . . . . If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.		1,348,098.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, total credits and payments, and tax due. Total amount owed is 14,192.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about influencing legislation, political expenditures, and substantial contributors. Includes 'Yes' and 'No' columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, and foreign interests.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interests.

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

**5a** During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. **5b**  Yes  No  
 Organizations relying on a current notice regarding disaster assistance, check here

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
 If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b**  Yes  No  
 If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**  Yes  No

**8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  Yes  No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 10		0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total number of other employees paid over \$50,000.**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . . . ▶

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPORT, BY CONTRIBUTIONS, OTHER CHARITABLE ORGANIZATIONS EXEMPT	
2 UNDER INTERNAL REVENUE CODE SECTION 501(C)(3)	
3	
4	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 NONE	
2	
All other program-related investments. See instructions.	
3 NONE	

Total. Add lines 1 through 3 . . . . . ▶



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	20,717,935.
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	1,494,363.
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	1,382,760.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	23,595,058.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	23,595,058.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	353,926.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	23,241,132.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	1,162,057.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	1,162,057.
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5 . . . . .	<b>2a</b>	4,677.
<b>b</b>	Income tax for 2018. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	4,677.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	1,157,380.
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	1,157,380.
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	1,157,380.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,348,098.
<b>b</b>	Program-related investments - total from Part IX-B. . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	<b>4</b>	1,348,098.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	4,677.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	1,343,421.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7 . . . . .				1,157,380.
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only. . . . .				
b Total for prior years: 20 <u>16</u> , 20 <u>15</u> , 20 <u>14</u> . . . . .				
3 Excess distributions carryover, if any, to 2018:				
a From 2013 . . . . .				37,051.
b From 2014 . . . . .				367,344.
c From 2015 . . . . .				
d From 2016 . . . . .				246,965.
e From 2017 . . . . .				403,881.
f <b>Total</b> of lines 3a through e . . . . .	1,055,241.			
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ <u>1,348,098.</u>				
a Applied to 2017, but not more than line 2a . . . . .				
b Applied to undistributed income of prior years (Election required - see instructions). . . . .				
c Treated as distributions out of corpus (Election required - see instructions) . . . . .				
d Applied to 2018 distributable amount. . . . .				1,157,380.
e Remaining amount distributed out of corpus. . . . .	190,718.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .				
6 <b>Enter the net total of each column as indicated below:</b>				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	1,245,959.			
b Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
d Subtract line 6c from line 6b. Taxable amount - see instructions . . . . .				
e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .				
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019. . . . .				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . . . .	37,051.			
9 <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	1,208,908.			
10 Analysis of line 9:				
a Excess from 2014 . . . . .	367,344.			
b Excess from 2015 . . . . .				
c Excess from 2016 . . . . .	246,965.			
d Excess from 2017 . . . . .	403,881.			
e Excess from 2018 . . . . .	190,718.			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) NOT APPLICABLE

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling . . . . . ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

ERNEST E. KEET

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p><b>a</b> <i>Paid during the year</i></p> <p>ATCH 11</p>				
<b>Total</b> .....				<b>3a</b> 1,286,062.
<p><b>b</b> <i>Approved for future payment</i></p>				
<b>Total</b> .....				<b>3b</b>

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue, 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities, 5 Net rental income or (loss) from real estate, 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue, 12 Subtotal, 13 Total.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains N/A.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here ERNEST E KEET Signature of officer or trustee 06/05/2019 Date TRUSTEE Title

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only DANIEL G PIAZZA Print/Type preparer's name DANIEL G PIAZZA Preparer's signature 06/05/2019 Date self-employed PTIN P00037900 BENDER LANE ADVISORY LLC Firm's name 4 TOWER PL STE 1001 ALBANY, NY Firm's address 12203-3721 Phone no. 518-218-1218

**FORM 990-PF - PART IV  
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL CAPITAL GAIN DISTRIBUTIONS					6,009.	
1,993,732.		SCHWAB #5937 - ST A (SEE ATTACHMENT) PROPERTY TYPE: SECURITIES 2,016,000.				P	VARIOUS -22,268.	VARIOUS
TOTAL GAIN(LOSS) .....							<u>-16,259.</u>	

ATTACHMENT 1FORM 990PF, PART I - OTHER INCOME

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
ENTERPRISE PRODUCTS PARTNERS LP	17,561.	17,561.
ENERGY TRANSFER EQUITY LP	-44,157.	-44,157.
TOTALS	<u>-26,596.</u>	<u>-26,596.</u>



ATTACHMENT 2

FORM 990PF, PART I - LEGAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
PAUL SMITH'S COLLEGE	12,450.			12,450.
TOTALS	<u>12,450.</u>			<u>12,450.</u>

ATTACHMENT 3

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
PAUL SMITH'S COLLEGE	3,750.	3,750.
TOTALS	<u>3,750.</u>	<u>3,750.</u>

FORM 990PF, PART I - INTEREST EXPENSE

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
CS #5937 - MARGIN INTEREST	37.	37.
TOTALS	<u>37.</u>	<u>37.</u>

FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
SCHWAB #5937 - FOREIGN TAXES	16,006.	16,006.
PAYROLL TAXES	3,494.	
TOTALS	<u>19,500.</u>	<u>16,006.</u>

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
SCHWAB #5937 - ADR FEES	2,572.	2,572.
NYS FILING FEE	750.	
PAYROLL PROCESSING FEES	3,195.	
NON-DEDUCTIBLE EXPENSES K-1	80.	
TRAINING	3,990.	
INSURANCE	1,359.	
ADVERTISING	15,950.	
SUPPLIES AND GENERAL	7,007.	
TOTALS	<u>34,903.</u>	<u>2,572.</u>

ATTACHMENT 7

FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
SCHWAB #5937	2,525,637.	3,568,787.
TOTALS	<u>2,525,637.</u>	<u>3,568,787.</u>

ATTACHMENT 8FORM 990PF, PART II - OTHER INVESTMENTS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
SCHWAB #5937	12,282,197.	16,402,167.
TOTALS	<u>12,282,197.</u>	<u>16,402,167.</u>

ATTACHMENT 9

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OTHER INCREASES	19,766.
TOTAL	<u>19,766.</u>



FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 10

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
ERNEST E KEET PO BOX 1199, MOIR ROAD LAKE COLBY SARANAC LAKE, NY 12983	TRUSTEE	0.	0.	0.
NANCY R KEET PO BOX 1199, MOIR ROAD LAKE COLBY SARANAC LAKE, NY 12983	TRUSTEE	0.	0.	0.
BONNIE FALKENSTINE KEET 3130 N MAIN STREET SOQUEL, CA 95073	TRUSTEE	0.	0.	0.
JODI COLLINS KEET 22 GLORY ROAD WESTON, CT 06883	TRUSTEE	0.	0.	0.
GLENN A KEET PO BOX 1392 CAPITOLA, CA 95010	TRUSTEE	0.	0.	0.
MELISSA EISINGER PO BOX 1199, MOIR ROAD LAKE COLBY SARANAC LAKE, NY 12983	TRUSTEE	0.	0.	0.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 10 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
ELLEN ROCCO PO BOX 1199, MOIR ROAD LAKE COLBY SARANAC LAKE, NY 12983	TRUSTEE	0.	0.	0.
	GRAND TOTALS	<u>0.</u>	<u>0.</u>	<u>0.</u>

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
ADIRONDACK CAROUSEL PO BOX 1059 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	200.
ADIRONDACK CENTER FOR WRITING 52 MAIN STREET SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	7,500.
ADIRONDACK COUNCIL 103 HAND AVE 2ND FLOOR ELIZABETHTOWN, NY 12932	NONE	GENERAL CHARITABLE	10,000.
ADIRONDACK EXPERIENCE 9097 NY-30 SUITE 3 BLUE MOUNTAIN LAKE, NY 12812	NONE	GENERAL CHARITABLE	200,000.
ADIRONDACK EXPLORER FUND 36 CHURCH STREET SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	15,000.
ADIRONDACK FILM SOCIETY 2430 MAIN ST LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	2,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
ADIRONDACK FOUNDATION PO BOX 288 LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	62,500.
ADIRONDACK HAMLETS TO HUTS 47 MAIN STREET SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	3,000.
ADIRONDACK HEALTH FOUNDATION PO BOX 120 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	250,000.
ADIRONDACK HISTORY MUSEUM 7590 COURT STREET ELIZABETHTOWN, NY 12932	NONE	GENERAL CHARITABLE	500.
ADIRONDACK LAKES CENTER FOR ARTS 3446 NY-28 BLUE MOUNTAIN LAKE, NY 12812	NONE	GENERAL CHARITABLE	1,600.
ADIRONDACK MARATHON PO BOX 583 SCHROON LAKE, NY 12870	NONE	GENERAL CHARITABLE	5,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
ADIRONDACK MOUNTAIN CLUB 814 GOGGINS ROAD LAKE GEORGE, NY 12845	NONE	GENERAL CHARITABLE	25,000.
ADIRONDACK PUBLIC OBSERVATORY 178 BIG WOLF RD TUPPER LAKE, NY 12986	NONE	GENERAL CHARITABLE	1,000.
ADIRONDACK RESEARCH CONSORTIUM PO BOX 96 PAUL SMITHS, NY 12970	NONE	GENERAL CHARITABLE	1,000.
ADIRONDACK TREKS PO BOX 23 JOHNSBURG, NY 12843	NONE	GENERAL CHARITABLE	3,500.
ADIRONDACK WILD PO BOX 9247 NISKAYUNA, NY 12309	NONE	GENERAL CHARITABLE	5,000.
ADIRONDACK WILDLIFE 977 SPRINGFIELD ROAD WILMINGTON, NY 12997	NONE	GENERAL CHARITABLE	500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
ADK ACTION.ORG PO BOX 655 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	63,000.
ADK CENTER FOR LOON CONSERVATION 15 BROADWAY SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	25,000.
ADK COMMUNITY OUTREACH CENTER 2718 NY-28 NORTH CREEK, NY 12853	NONE	GENERAL CHARITABLE	1,000.
ALICE HYDE MEDICAL CENTER 133 PARK STREET MALONE, NY 12953	NONE	GENERAL CHARITABLE	15,000.
ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH ST TUCSON, AZ 85713	NONE	GENERAL CHARITABLE	3,000.
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	NONE	GENERAL CHARITABLE	2,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
ADIRONDACK NORTH COUNTRY ASSOCIATION 67 MAIN STREET SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	2,500.
AUSABLE RIVER ASSOCIATION 1181 HASELTON ROAD SUITE 201 WILMINGTON, NY 12997	NONE	GENERAL CHARITABLE	20,800.
BALLARD PARK FOUNDATION PO BOX 531 WESTPORT, NY 12993	NONE	GENERAL CHARITABLE	2,000.
BETA 121 AVENUE OF AMERICAS NEW YORK, NY 10013	NONE	GENERAL CHARITABLE	5,000.
BLUSEED STUDIOS 24 CEDAR STREET SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	500.
CANTON DAYCARE CENTER 205 CANTON-MADRID RD CANTON, NY 13617	NONE	GENERAL CHARITABLE	20,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
CHAMPLAIN AREA TRAILS 6482 MAIN STREET WESTPORT, NY 12993	NONE	GENERAL CHARITABLE	15,000.
COMMUNITY FRIENDSHIP VOLUNTEER PROGRAM 2 EMPIRE STATE PLAZA ALBANY, NY 12223	NONE	GENERAL CHARITABLE	11,600.
CREATIVE HEALING CONNECTIONS PO BOX 69 BAKERS MILLS, NY 12811	NONE	GENERAL CHARITABLE	2,000.
CWS / CROP WALK 475 RIVERSIDE DRIVE NEW YORK, NY 10115	NONE	GENERAL CHARITABLE	250.
EAGLE ISLAND 442 GILPIN BAY ROAD SUITE 700 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	10,000.
ECUMENICAL COUNCIL OF SARANAC LAKE PO BOX 194 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	9,600.



FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
EDDY FOUNDATION THE EDDY FOUNDATION, PO BOX 42 ESSEX, NY 12936	NONE	GENERAL CHARITABLE	25,000.
FAMILIES FIRST IN ESSEX COUNTY 196 WATER ST ELIZABETHTOWN, NY 12932	NONE	GENERAL CHARITABLE	500.
FIRST NIGHT SARANAC LAKE PO BOX 326 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	2,500.
FORT TICONDERONGA ASSOCIATION PO BOX 390 TICONDEROGA, NY 12883	NONE	GENERAL CHARITABLE	1,000.
FRIENDS OF POKE-O-MOONSHINE 1599 RT 95 PO BOX 546 KEESEVILLE, NY 12944	NONE	GENERAL CHARITABLE	10,000.
FRIENDS OF ST. REGIS MOUNTAIN FIRE TOWER PO BOX 73 LAKE CLEAR, NY 12945	NONE	GENERAL CHARITABLE	2,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
GREAT CAMP SAGAMORE PO BOX 40 RAQUETTE LAKE, NY 13436	NONE	GENERAL CHARITABLE	500.
HEALTHY FAMILIES NY 52 WASHINGTON STREET RENSSELAER, NY 12144	NONE	GENERAL CHARITABLE	7,500.
HIGH PEAKS HOSPICE 79 GLENWOOD AVENUE QUEENSBURY, NY 12804	NONE	GENERAL CHARITABLE	2,000.
HISTORIC SARANAC LAKE 89 CHURCH STREET #2 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	55,300.
HUDSON HEADWATERS HEALTH 9 CAREY RD QUEENSBURY, NY 12804	NONE	GENERAL CHARITABLE	15,000.
INDIAN LAKE THEATER, INC. 13 E MAIN ST INDIAN LAKE, NY 12842	NONE	GENERAL CHARITABLE	2,500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
JCEO 54 MARGARET STREET PLATTSBURGH, NY 12901	NONE	GENERAL CHARITABLE	5,000.
JOHN BROWN LIVES PO BOX 357 WESTPORT, NY 12993	NONE	GENERAL CHARITABLE	10,000.
LAKE PLACID COMM. BEAUTIFICATION 177 JOHN BROWN ROAD LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	3,000.
LAKE PLACID OLYMPIC MUSEUM 2634 MAIN STREET SUITE 301 LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	500.
LAKE PLACID OUTING CLUB 34 SCHOOL STREET LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	3,000.
LAKE PLACID SINFONIETTA 17 ALGONQUIN DRIVE LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	10,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
LAKESIDE SCHOOL 6 LEANING ROAD ESSEX, NY 12936	NONE	GENERAL CHARITABLE	25,000.
LITERACY VOLUNTEERS 71 FIRST STREET TROY, NY 12180	NONE	GENERAL CHARITABLE	5,500.
LITERACY VOLUNTEERS OF CLINTON COUNTY 101 BROAD ST # 52 PLATTSBURGH, NY 12901	NONE	GENERAL CHARITABLE	10,000.
LP / NE HISTORICAL SOCIETY 242 STATION ST LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	1,500.
MERCY CARE FOR THE ADKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	7,400.
MOUNTAIN LAKE PBS 1 SESAME STREET PLATTSBURGH, NY 12901	NONE	GENERAL CHARITABLE	5,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
NCCC FOUNDATION 3111 SAUNDERS SETTLEMENT RD SANBORN, NY 14132	NONE	GENERAL CHARITABLE	1,000.
NORTH COUNTRY LIFE FLIGHT HELMS MUELLER RD SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	500.
NORTH COUNTRY SCHOOL 4382 CASCADE ROAD LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	2,176.
NORTHERN FOREST CANOE TRAIL 8 STATE ROUTE 17 WAITSFIELD, VT 05673	NONE	GENERAL CHARITABLE	4,000.
NORTHERN FOREST CENTER PO BOX 210 CONCORD, NH 03302	NONE	GENERAL CHARITABLE	1,000.
NORTHERN LIGHTS SCHOOL 57 CHURCH STREET SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	9,536.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
NY LCV 30 BROAD ST # 30 NEW YORK, NY 10004	NONE	GENERAL CHARITABLE	500.
NYSEF 5021 STATE ROUTE 86 WILMINGTON, NY 12997	NONE	GENERAL CHARITABLE	3,000.
OPEN SPACE INSTITUTE 1350 BROADWAY NEW YORK, NY 10018	NONE	GENERAL CHARITABLE	10,000.
PAINE MEMORIAL FREE LIBRARY 2 GILLILAND LN SUITE 201 WILLSBORO, NY 12996	NONE	GENERAL CHARITABLE	500.
PENDRAGON THEATRE 15 BRANDY BROOK AVENUE SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	18,730.
PLATTSBURG COLLEGE FOUNDATION 101 BROAD ST PLATTSBURGH, NY 12901	NONE	GENERAL CHARITABLE	5,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
PROTECT THE ADIRONDACKS PO BOX 48 NORTH CREEK, NY 12853	NONE	GENERAL CHARITABLE	10,000.
PAUL SMITH COLLEGE - ADK WATERSHED INSTITUTE PO BOX 265 PAUL SMITHS, NY 12970	NONE	GENERAL CHARITABLE	30,000.
REGIONAL FOOD BANK OF NE NEW YORK 965 ALBANY SHAKER RD LATHAM, NY 12110	NONE	GENERAL CHARITABLE	5,000.
SANARAC LAKE ROTARY 36 BROADWAY SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	7,500.
SARANAC LAKE FREE LIBRARY 109 MAIN ST SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	500.
SARANAC LAKE VOLUNTEER FIRE DEPARTMENT 100 BROADWAY SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	200.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SARANAC LAKE VOLUNTEER RESCUE SQUAD 100 BROADWAY SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	4,500.
SARANAC LAKE YOUTH CENTER PO BOX 1003 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	2,000.
SCHROON LAKE ASSOCIATION PO BOX 5 SCHROON LAKE, NY 12870	NONE	GENERAL CHARITABLE	10,000.
SCHROON LAKE CENTRAL SCHOOL 79 CANARAS AVENUE SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	240.
SCHROON LAKE SENIOR CITIZENS CLUB 1108 MAIN ST SCHROON LAKE, NY 12870	NONE	GENERAL CHARITABLE	3,000.
SEAGLE MUSIC COLONY 999 CHARLEY HILL ROAD SCHROON LAKE, NY 12870	NONE	GENERAL CHARITABLE	10,000.



FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SLLDC 39 MAIN STREET SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	50,000.
SLPWHA PO BOX 333 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	4,000.
SNOWSLIP FOUNDATION PO BOX 991 LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	5,000.
ST. HUBERTS CHURCH 1046 OSWEGATCHIE TRAIL ROAD STAR LAKE, NY 13690	NONE	GENERAL CHARITABLE	5,000.
TANNEY POND CENTER, INC. 228 MAIN ST NORTH CREEK, NY 12853	NONE	GENERAL CHARITABLE	5,000.
TAUNY 53 MAIN STREET CANTON, NY 13617	NONE	GENERAL CHARITABLE	5,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
THE ANDREW GOODMAN FOUNDATION P.O. BOX 394 MAHWAH, NJ 07430	NONE	GENERAL CHARITABLE	25,000.
THE BRIGID PROJECT 907 CASEY ROAD SARANAC LAKE, NY 12981	NONE	GENERAL CHARITABLE	4,000.
THE COMMUNITY LUNCHBOX 136 MAIN STREET SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	1,300.
THE WILD CENTER 45 MUSEUM DRIVE TUPPER LAKE, NY 12986	NONE	GENERAL CHARITABLE	5,000.
TICONDDEROGA HERITAGE MUSEUM 137 MONTCALM ST TICONDEROGA, NY 12883	NONE	GENERAL CHARITABLE	1,330.
TICONDEROGA BACKPACK PROGRAM P.O. BOX 338, 14 HAND AVENUE ELIZABETHTOWN, NY 12932	NONE	GENERAL CHARITABLE	10,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
TRI LAKES CENTER FOR INDEPENDENT 43 BROADWAY # 1 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	3,000.
TUPPER LAKE YOUTH ACTIVITY 120 DEMARS BOULEVARD TUPPER LAKE, NY 12986	NONE	GENERAL CHARITABLE	3,000.
UNITED WAY REGIONAL VOLUNTEER CENTER PO BOX 13865 ALBANY, NY 12212	NONE	GENERAL CHARITABLE	3,000.
UPPER HUDSON TRAILS ALLIANCE PO BOX 73 NORTH RIVER, NY 12856	NONE	GENERAL CHARITABLE	1,000.
UPPER JAY ARTS CENTER 12198 OLD RTE 9N UPPER JAY, NY 12987	NONE	GENERAL CHARITABLE	3,000.
VILLAGE IMPROVEMENT SOCIETY OF SARANAC LAKE PO BOX 702 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
VILLAGE OF SARANAC LAKE 39 MAIN STREET, SUITE 9 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	1,800.
<b>TOTAL CONTRIBUTIONS PAID</b>			<u><u>1,286,062.</u></u>

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 12

<u>DESCRIPTION</u>	<u>BUSINESS CODE</u>	<u>AMOUNT</u>	<u>EXCLUSION CODE</u>	<u>AMOUNT</u>	<u>RELATED OR EXEMPT FUNCTION INCOME</u>
ENERGY TRANSFER EQUITY LP			01	-44,157.	
ENTERPRISE PRODUCTS PARTNERS LP			01	17,561.	
TOTALS				<u>-26,596.</u>	

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T.  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.  
▶ Go to [www.irs.gov/F1041](http://www.irs.gov/F1041) for instructions and the latest information.

OMB No. 1545-0092

**2018**

Name of estate or trust

Employer identification number

CLOUDSPLITTER FOUNDATION

22-2784895

Note: Form 5227 filers need to complete **only** Parts I and II.

**Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	1,993,732.	2,016,000.		-22,268.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2017 Capital Loss Carryover Worksheet . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back . . . . . ▶				<b>7</b> -22,268.

**Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .				<b>12</b>
<b>13</b> Capital gain distributions . . . . .				<b>13</b> 6,009.
<b>14</b> Gain from Form 4797, Part I . . . . .				<b>14</b>
<b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2017 Capital Loss Carryover Worksheet . . . . .				<b>15</b> ( )
<b>16</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back . . . . . ▶				<b>16</b> 6,009.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2018

<b>Part III Summary of Parts I and II</b>		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
<b>Caution:</b> Read the instructions before completing this part.				
<b>17</b>	<b>Net short-term gain or (loss).</b> . . . . .	<b>17</b>		-22,268.
<b>18</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>18a</b>		6,009.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet.) . . . . .	<b>18b</b>		
c	28% rate gain . . . . .	<b>18c</b>		
<b>19</b>	<b>Total net gain or (loss).</b> Combine lines 17 and 18a. . . . . ▶	<b>19</b>		-16,259.

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

<b>Part IV Capital Loss Limitation</b>		
<b>20</b>	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the <b>smaller</b> of: a The loss on line 19, column (3) or b \$3,000 . . . . .	<b>20</b> ( 3,000. )

**Note:** If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 38), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 38, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

<b>21</b>	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 38). . . . .	<b>21</b>		
<b>22</b>	Enter the <b>smaller</b> of line 18a or 19 in column (2) but not less than zero. . . . .	<b>22</b>		
<b>23</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>23</b>		
<b>24</b>	Add lines 22 and 23 . . . . .	<b>24</b>		
<b>25</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . . ▶	<b>25</b>		
<b>26</b>	Subtract line 25 from line 24. If zero or less, enter -0- . . . . .	<b>26</b>		
<b>27</b>	Subtract line 26 from line 21. If zero or less, enter -0- . . . . .	<b>27</b>		
<b>28</b>	Enter the <b>smaller</b> of the amount on line 21 or \$2,600 . . . . .	<b>28</b>		
<b>29</b>	Enter the <b>smaller</b> of the amount on line 27 or line 28 . . . . .	<b>29</b>		
<b>30</b>	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% . . . . . ▶	<b>30</b>		
<b>31</b>	Enter the <b>smaller</b> of line 21 or line 26 . . . . .	<b>31</b>		
<b>32</b>	Subtract line 30 from line 26 . . . . .	<b>32</b>		
<b>33</b>	Enter the <b>smaller</b> of line 21 or \$12,700 . . . . .	<b>33</b>		
<b>34</b>	Add lines 27 and 30 . . . . .	<b>34</b>		
<b>35</b>	Subtract line 34 from line 33. If zero or less, enter -0- . . . . .	<b>35</b>		
<b>36</b>	Enter the <b>smaller</b> of line 32 or line 35 . . . . .	<b>36</b>		
<b>37</b>	Multiply line 36 by 15% (0.15) . . . . . ▶	<b>37</b>		
<b>38</b>	Enter the amount from line 31 . . . . .	<b>38</b>		
<b>39</b>	Add lines 30 and 36 . . . . .	<b>39</b>		
<b>40</b>	Subtract line 39 from line 38. If zero or less, enter -0- . . . . .	<b>40</b>		
<b>41</b>	Multiply line 40 by 20% (0.20) . . . . . ▶	<b>41</b>		
<b>42</b>	Figure the tax on the amount on line 27. Use the 2018 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>42</b>		
<b>43</b>	Add lines 37, 41, and 42 . . . . .	<b>43</b>		
<b>44</b>	Figure the tax on the amount on line 21. Use the 2018 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>44</b>		
<b>45</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 40) . . . . . ▶	<b>45</b>		

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment  
Sequence No. **12A**

Name(s) shown on return CLOUDSPLITTER FOUNDATION	Social security number or taxpayer identification number 22-2784895
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Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SCHWAB #5937 - ST A (SEE ATTACHMENT)	VARIOUS	VARIOUS	1,993,732.	2,016,000.			-22,268.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶			1,993,732.	2016000.			-22,268.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



**Electronic Filing Information: PDF attachments Included in this Return**

**Tax Year:** 2018                      **Jurisdiction:** Federal  
**Name:** Cloudsplitter Foundation    **No of Attachments:** 1  
**Return No:** E8091IP8

<b>PDF Attachment Description</b>	<b>PDF File Name</b>	<b>File Size</b>
Schedule D attachment	E8091IP8_FE_1. Schedule D attachment.pdf	287,342



Schwab One® Trust Account of  
**E KEET & N KEET TTEE**  
**CLOUDSPLITTER FOUNDATION**  
 U/A DTD 12/18/1986

Account Number  
**7240-5937**

**TAX YEAR 2018**  
**FORM 1099 COMPOSITE**

Date Prepared: February 8, 2019

**Recipient's Name and Address**

E KEET & N KEET TTEE  
 CLOUDSPLITTER FOUNDATION  
 U/A DTD 12/18/1986  
 PO BOX 1357  
 SARANAC LAKE NY 12983

Taxpayer ID Number: \*\*-\*\*\*4895

Account Number: 7240-5937

**Payer's Name and Address**

CHARLES SCHWAB & CO., INC.  
 211 MAIN STREET  
 SAN FRANCISCO, CA 94105

Telephone Number: (800) 515-2157

Federal ID Number: 94-1737782

**Proceeds from Broker Transactions — 2018**

**Form 1099-B**

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

**SHORT-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS** - Report on Form 8949, Part I, with **Box A** checked.

1a-Description of property (Example 100 sh. XYZ Co.) CUSIP Number / Symbol	**	1b-Date acquired	1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount	1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal Income tax withheld
300 SCHWAB SHORT TERM US TREASU 808524862 / SCHO	S	08/24/17	01/08/18	\$ 14,991.49	\$ 15,150.00	--	--	\$(158.51)	0.00
7,700 SCHWAB SHORT TERM US TREAS 808524862 / SCHO	S	08/24/17	01/08/18	\$ 384,760.11	\$ 388,850.00	--	--	\$(4,089.89)	0.00
4,000 SCHWAB SHORT TERM US TREAS 808524862 / SCHO	S	08/24/17	01/10/18	\$ 199,892.58	\$ 202,000.00	--	--	\$(2,107.42)	0.00
4 SCHWAB SHORT TERM US TREASURY 808524862 / SCHO	S	08/24/17	02/16/18	\$ 199.16	\$ 202.00	--	--	\$(2.84)	0.00
12 SCHWAB SHORT TERM US TREASUR 808524862 / SCHO	S	08/24/17	02/16/18	\$ 597.47	\$ 606.00	--	--	\$(8.53)	0.00
21 SCHWAB SHORT TERM US TREASUR 808524862 / SCHO	S	08/24/17	02/16/18	\$ 1,045.57	\$ 1,060.50	--	--	\$(14.93)	0.00
29 SCHWAB SHORT TERM US TREASUR 808524862 / SCHO	S	08/24/17	02/16/18	\$ 1,443.88	\$ 1,464.50	--	--	\$(20.62)	0.00

FATCA Filing Requirement

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Schwab One® Trust Account of  
**E KEET & N KEET TTEE**  
**CLOUDSPLITTER FOUNDATION**  
 U/A DTD 12/18/1986

Account Number  
**7240-5937**

**TAX YEAR 2018**  
**FORM 1099 COMPOSITE**

Taxpayer ID Number: \*\*-\*\*\*4895

Date Prepared: February 8, 2019

**Proceeds from Broker Transactions — 2018 (continued)**

**Form 1099-B**

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

**SHORT-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS** - Report on Form 8949, Part I, with **Box A** checked.

1a-Description of property (Example 100 sh. XYZ Co.) CUSIP Number / Symbol	**	1b-Date acquired	1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal Income tax withheld
100 SCHWAB SHORT TERM US TREASU 808524862 / SCHO	S	08/24/17	02/16/18	\$ 4,978.88	\$ 5,050.00	-- \$	(71.12) \$	0.00
100 SCHWAB SHORT TERM US TREASU 808524862 / SCHO	S	08/24/17	02/16/18	\$ 4,978.88	\$ 5,050.00	-- \$	(71.12) \$	0.00
100 SCHWAB SHORT TERM US TREASU 808524862 / SCHO	S	08/24/17	02/16/18	\$ 4,978.88	\$ 5,050.00	-- \$	(71.12) \$	0.00
100 SCHWAB SHORT TERM US TREASU 808524862 / SCHO	S	08/24/17	02/16/18	\$ 4,978.88	\$ 5,050.00	-- \$	(71.12) \$	0.00
100 SCHWAB SHORT TERM US TREASU 808524862 / SCHO	S	08/24/17	02/16/18	\$ 4,978.88	\$ 5,050.00	-- \$	(71.12) \$	0.00
842 SCHWAB SHORT TERM US TREASU 808524862 / SCHO	S	08/24/17	02/16/18	\$ 41,922.21	\$ 42,521.00	-- \$	(598.79) \$	0.00
1 SCHWAB SHORT TERM US TREASURY 808524862 / SCHO	S	08/24/17	02/23/18	\$ 49.79	\$ 50.50	-- \$	(0.71) \$	0.00
20 SCHWAB SHORT TERM US TREASUR 808524862 / SCHO	S	08/24/17	02/23/18	\$ 995.78	\$ 1,010.00	-- \$	(14.22) \$	0.00
59 SCHWAB SHORT TERM US TREASUR 808524862 / SCHO	S	08/24/17	02/23/18	\$ 2,937.54	\$ 2,979.50	-- \$	(41.96) \$	0.00
100 SCHWAB SHORT TERM US TREASU 808524862 / SCHO	S	08/24/17	02/23/18	\$ 4,978.88	\$ 5,050.00	-- \$	(71.12) \$	0.00
142 SCHWAB SHORT TERM US TREASU 808524862 / SCHO	S	08/24/17	02/23/18	\$ 7,070.02	\$ 7,171.00	-- \$	(100.98) \$	0.00

FATCA Filing Requirement

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Schwab One® Trust Account of  
**E KEET & N KEET TTEE**  
**CLOUDSPLITTER FOUNDATION**  
 U/A DTD 12/18/1986

Account Number  
**7240-5937**

**TAX YEAR 2018**  
**FORM 1099 COMPOSITE**

Taxpayer ID Number: \*\*-\*\*\*4895

Date Prepared: February 8, 2019

**Proceeds from Broker Transactions — 2018 (continued)**

**Form 1099-B**

Department of the Treasury-Internal Revenue Service

Copy B for Recipient (OMB No. 1545-0715)

**SHORT-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS** - Report on Form 8949, Part I, with **Box A** checked.

1a-Description of property (Example 100 sh. XYZ Co.) CUSIP Number / Symbol	**	1b-Date acquired 1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS: Gross Proceeds (except where indicated)	1e-Cost or other basis	1f-Accrued Market Discount 1g-Wash Sale Loss Disallowed	Realized Gain or (Loss)	4-Federal Income tax withheld
254 SCHWAB SHORT TERM US TREASU 808524862 / SCHO	S	08/24/17 02/23/18	\$ 12,646.37	\$ 12,827.00	-- \$	(180.63) \$	0.00
385 SCHWAB SHORT TERM US TREASU 808524862 / SCHO	S	08/24/17 02/23/18	\$ 19,168.71	\$ 19,442.50	-- \$	(273.79) \$	0.00
4,458 SCHWAB SHORT TERM US TREAS 808524862 / SCHO	S	10/17/17 02/23/18	\$ 221,958.69	\$ 224,237.40	-- \$	(2,278.71) \$	0.00
21,173 SCHWAB SHORT TERM US TREA 808524862 / SCHO	S	VARIOUS 02/23/18	\$ 1,054,179.32	\$ 1,066,128.10	-- \$	(11,948.78) \$	0.00
<b>Security Subtotal</b>			<b>\$ 1,993,731.97</b>	<b>\$ 2,016,000.00</b>	-- \$	<b>(22,268.03) \$</b>	<b>0.00</b>
<b>Total Short-Term (Cost basis is reported to the IRS)</b>			<b>\$ 1,993,731.97</b>	<b>\$ 2,016,000.00</b>	-- \$	<b>(22,268.03) \$</b>	<b>0.00</b>
<b>Total Short-Term Sales Price of Stocks, Bonds, etc.</b>			<b>\$ 1,993,731.97</b>	<b>\$ 2,016,000.00</b>	-- \$	<b>(22,268.03) \$</b>	<b>0.00</b>
<b>Total Sales Price of Stocks, Bonds, etc.</b>			<b>\$ 1,993,731.97</b>				
<b>Total Federal Income Tax Withheld</b>			<b>\$ 0.00</b>				

FATCA Filing Requirement

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2018**  
Open to Public  
Inspection

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01 / 01 / **2018** and Ending (mm/dd/yyyy) 12 / 31 / 2018

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: CLOUDSPLITTER FOUNDATION	Employer Identification Number (EIN): 22-2784895
	Mailing Address: 62 MOIR ROAD, PO BOX 1357	NY Registration Number: 40-66-27
	City / State / Zip: SARANAC LAKE, NY 12983	Telephone: (518) 218-1221
	Website: CLOUDSPLITTER.ORG	Email:

Check your organization's registration category:  7A only  EPTL only  DUAL (7A & EPTL)  EXEMPT\* Confirm your Registration Category in the Charities Registry at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatures.

*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.*

President or Authorized Officer:	ERNEST KEET	_____
	Signature	Print Name and Title      Date
Chief Financial Officer or Treasurer:	NANCY R KEET	_____
	Signature	Print Name and Title      Date

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ _____	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>750.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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# CHAR500

## Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

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

### Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

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

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

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

### Send Your Filing

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

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

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
Call: (212) 416-8401  
Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

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PAGE 50

### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

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

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

**DUAL** filers are registered under both 7A and EPTL.

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

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

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

# CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers  
www.CharitiesNYS.com

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If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

## Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).  
A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).  
A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).  
**Professional fund raising** does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

## 1. Organization Information

Name of Organization: CLOUDSPITTER FOUNDATION	NY Registration Number: 40-66-27
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## 2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type: <input type="checkbox"/> Professional Fund Raiser <input type="checkbox"/> Fund Raising Counsel <input type="checkbox"/> Commercial Co-Venturer	Name of FRP:	NY Registration Number:
	Mailing Address:	Telephone:
	City / State / Zip:	

## 3. Contract Information

Contract Start Date:	Contract End Date:
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## 4. Description of Services

Services provided by FRP:

## 5. Description of Compensation

Compensation arrangement with FRP:	Amount Paid to FRP:
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## 6. Commercial Co-Venturer (CCV) Report

Yes  No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?



# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

## 1. Organization Information

Name of Organization:	NY Registration Number:
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## 2. Government Grants

Name of Government Agency	Amount of Grant
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: