

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20 _____

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

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2019

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>33,997.</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 2019 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 to enter my PIN 4 4 4 5 7 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 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 2019 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 ▶ 07/30/2020

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 6 1 6 2
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 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.

Form **8879-EO** (2019)

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 for instructions and the latest information.

2019

Open to Public Inspection

For calendar year **2019** or tax year beginning , **2019**, and ending , **20**

Name of foundation CLOUDSPLITTER FOUNDATION		A Employer identification number 22-2784895											
Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone number (see instructions) (518) 218-1221											
City or town, state or province, country, and ZIP or foreign postal code SARANAC LAKE, NY 12983		C If exemption application is pending, check here. <input type="checkbox"/> D 1. Foreign organizations, check here. <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input type="checkbox"/>											
G Check all that apply: <table style="display: inline-table; vertical-align: top;"> <tr><td><input type="checkbox"/></td><td>Initial return</td></tr> <tr><td><input type="checkbox"/></td><td>Final return</td></tr> <tr><td><input type="checkbox"/></td><td>Address change</td></tr> </table> <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr><td><input type="checkbox"/></td><td>Initial return of a former public charity</td></tr> <tr><td><input type="checkbox"/></td><td>Amended return</td></tr> <tr><td><input type="checkbox"/></td><td>Name change</td></tr> </table>			<input type="checkbox"/>	Initial return	<input type="checkbox"/>	Final return	<input type="checkbox"/>	Address change	<input type="checkbox"/>	Initial return of a former public charity	<input type="checkbox"/>	Amended return	<input type="checkbox"/>
<input type="checkbox"/>	Initial return												
<input type="checkbox"/>	Final return												
<input type="checkbox"/>	Address change												
<input type="checkbox"/>	Initial return of a former public charity												
<input type="checkbox"/>	Amended return												
<input type="checkbox"/>	Name change												
H 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													
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 25,461,229.		J 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.)											

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)				
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	269,878.			
2 Check <input 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	499,842.	499,842.		
5a Gross rents				
b Net rental income or (loss) _____				
6a Net gain or (loss) from sale of assets not on line 10	2,904,771.			
b Gross sales price for all assets on line 6a 10,027,471.				
7 Capital gain net income (from Part IV, line 2)		2,904,771.		
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>	10,059.	10,059.		
12 Total. Add lines 1 through 11	3,684,550.	3,414,672.		
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	0.			
14 Other employee salaries and wages	53,200.			53,200.
15 Pension plans, employee benefits	1,596.			1,596.
16a Legal fees (attach schedule) <u>ATCH 2</u>	32,582.			32,582.
b Accounting fees (attach schedule)				
c Other professional fees (attach schedule) <u>[3]</u>	1,250.			1,250.
17 Interest	232.			
18 Taxes (attach schedule) (see instructions) <u>[4]</u>	16,860.	12,790.		4,070.
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings	6,221.			6,221.
22 Printing and publications				
23 Other expenses (attach schedule) <u>ATCH 5</u>	49,678.	2,148.		49,678.
24 Total operating and administrative expenses. Add lines 13 through 23.	161,619.	14,938.		148,597.
25 Contributions, gifts, grants paid	1,155,222.			1,155,222.
26 Total expenses and disbursements. Add lines 24 and 25	1,316,841.	14,938.	0.	1,303,819.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	2,367,709.			
b Net investment income (if negative, enter -0-)		3,399,734.		
c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		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
Assets	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	1,473,614.	1,546,680.	1,546,680.
	3	Accounts receivable ▶ 480,000.			
		Less: allowance for doubtful accounts ▶	9,521.	480,000.	480,000.
	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) [6]		4,682,686.	4,703,873.
	b	Investments - corporate stock (attach schedule) ATCH 7	2,525,637.	527,710.	1,219,800.
	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) ATCH 8	12,282,197.	11,313,512.	17,510,876.	
14	Land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶				
15	Other assets (describe ▶)				
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	16,290,969.	18,550,588.	25,461,229.	
Liabilities	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	Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/>				
	and complete lines 24, 25, 29, and 30.				
	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/>				
	and complete lines 26 through 30.				
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
28	Retained earnings, accumulated income, endowment, or other funds . .	16,290,969.	18,550,588.		
29	Total net assets or fund balances (see instructions)	16,290,969.	18,550,588.		
30	Total liabilities and net assets/fund balances (see instructions)	16,290,969.	18,550,588.		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	16,290,969.
2	Enter amount from Part I, line 27a	2	2,367,709.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	18,658,678.
5	Decreases not included in line 2 (itemize) ▶ ATCH 9	5	108,090.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	18,550,588.

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.)
1 a SEE PART IV SCHEDULE				
b				
c				
d				
e				
(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))	
a				
b				
c				
d				
e				
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		
a				
b				
c				
d				
e				
2	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 }	2	2,904,771.
3	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	{ }	3	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))
2018	1,343,421.	23,241,132.	0.057804
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
2	Total of line 1, column (d)		2 0.283329
3	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		3 0.056666
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5		4 22,168,951.
5	Multiply line 4 by line 3.		5 1,256,226.
6	Enter 1% of net investment income (1% of Part I, line 27b).		6 33,997.
7	Add lines 5 and 6.		7 1,290,223.
8	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.		8 1,303,819.

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 calculations. Includes fields for exempt foundations, domestic foundations, tax under section 511, and credits/payments. Total tax due is 60,195.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about influencing legislation, political expenditures, and reporting requirements. Includes Yes/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:			Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
	Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		X
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? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.			6b
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?			7b
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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

	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 UNDER INTERNAL REVENUE CODE SECTION 501(C)(3)	
2	
3	
4	

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	21,450,966.
b	Average of monthly cash balances	1b	2,217,985.
c	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	23,668,951.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d.	3	23,668,951.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,500,000.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	22,168,951.
6	Minimum investment return. Enter 5% of line 5	6	1,108,448.

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.)

1	Minimum investment return from Part X, line 6	1	1,108,448.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	33,997.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b.	2c	33,997.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,074,451.
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4	5	1,074,451.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,074,451.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26.	1a	1,303,819.
b	Program-related investments - total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,303,819.
5	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.	5	33,997.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,269,822.

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				1,074,451.
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20 <u>17</u> , 20 <u>16</u> , 20 <u>15</u>				
3 Excess distributions carryover, if any, to 2019:				
a From 2014 367,344.				
b From 2015				
c From 2016 246,965.				
d From 2017 403,881.				
e From 2018 190,718.				
f Total of lines 3a through e	1,208,908.			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ <u>1,303,819.</u>				
a Applied to 2018, 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 2019 distributable amount.				1,074,451.
e Remaining amount distributed out of corpus. . .	229,368.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,438,276.			
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 2018. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				
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 2014 not applied on line 5 or line 7 (see instructions) . . .	367,344.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	1,070,932.			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016 246,965.				
c Excess from 2017 403,881.				
d Excess from 2018 190,718.				
e Excess from 2019 229,368.				

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 2019, 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)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) 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>a <i>Paid during the year</i></p> <p>ATCH 11</p>				
Total				3a 1,155,222.
<p>b <i>Approved for future payment</i></p>				
Total				3b

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 07/30/2020 Date 7/30/20 TRUSTEE Title May the IRS discuss this return with the preparer shown below? See instructions. [X] Yes [] No

Paid Preparer Use Only Print/Type preparer's name DANIEL G PIAZZA Preparer's signature DANIEL G PIAZZA Date 07/30/2020 Check [] if self-employed PTIN P00037900 Firm's name BENDER LANE ADVISORY Firm's EIN 16-1627374 Firm's address 4 TOWER PL STE 1001 ALBANY, NY 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)	
2,000,000.		SCHWAB #5937 - ST A PROPERTY TYPE: SECURITIES 2,012,784.				P	VARIOUS	VARIOUS
							-12,784.	
3,536,064.		SCHWAB #5937 - LT D PROPERTY TYPE: SECURITIES 3,111,989.				P	VARIOUS	VARIOUS
							424,075.	
2,809,776.		SCHWAB #5937 - LT E PROPERTY TYPE: SECURITIES 1,997,927.				P	VARIOUS	VARIOUS
							811,849.	
990,314.		ENERGY TRANSFER LP PROPERTY TYPE: OTHER				P	VARIOUS	VARIOUS
							990,314.	
691,317.		ENTERPRISE PRODUCTS PARTNERS LP PROPERTY TYPE: OTHER				P	VARIOUS	VARIOUS
							691,317.	
TOTAL GAIN(LOSS)							<u>2,904,771.</u>	

Schedule of Contributors

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization CLOUDSPLITTER FOUNDATION	Employer identification number 22-2784895
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **CLOUDSPLITTER FOUNDATION**

Employer identification number
22-2784895

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ERNEST & NANCY KEET 62 MOIR ROAD, PO BOX 1357 SARANAC LAKE, NY 12983	\$ 269,878.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CLOUDSPLITTER FOUNDATION

Employer identification number

22-2784895

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	3,548 SHARES SCHWAB B	\$ 269,878.	12/18/2019

Name of organization CLOUDSPLITTER FOUNDATION

Employer identification number
22-2784895

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

FORM 990PF, PART I - OTHER INCOME

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
ENTERPRISE PRODUCTS PARTNERS LP	3,679.	3,679.
ENERGY TRANSFER EQUITY LP	6,380.	6,380.
TOTALS	<u>10,059.</u>	<u>10,059.</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	7,229.			7,229.
WHITEMAN OSTERMAN & HANNA LLP	25,353.			25,353.
TOTALS	<u>32,582.</u>	<u> </u>	<u> </u>	<u>32,582.</u>

ATTACHMENT 3

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
LANDMARK CONSULTING, LLC	1,250.	1,250.
TOTALS	<u>1,250.</u>	<u>1,250.</u>

ATTACHMENT 4

FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>CHARITABLE PURPOSES</u>
SCHWAB #5937 - FOREIGN TAXES	12,790.	12,790.	
PAYROLL TAXES	4,070.		4,070.
TOTALS	<u>16,860.</u>	<u>12,790.</u>	<u>4,070.</u>

ATTACHMENT 5

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>CHARITABLE PURPOSES</u>
SCHWAB #5937 - ADR FEES	2,148.	2,148.	2,148.
NYS FILING FEE	750.		750.
PAYROLL PROCESSING FEES	2,552.		2,552.
NON-DEDUCTIBLE EXPENSES K-1	28.		28.
TRAINING	2,699.		2,699.
INSURANCE	4,672.		4,672.
ADVERTISING	18,950.		18,950.
SUPPLIES AND GENERAL	6,428.		6,428.
CONSULTING FEE	5,445.		5,445.
SPONSORSHIP	6,000.		6,000.
MISCELLANEOUS	6.		6.
TOTALS	<u>49,678.</u>	<u>2,148.</u>	<u>49,678.</u>

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONSATTACHMENT 6

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
FIXED INCOME	4,682,686.	4,703,873.
US OBLIGATIONS TOTAL	<u>4,682,686.</u>	<u>4,703,873.</u>

ATTACHMENT 7FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
SCHWAB #5937	527,710.	1,219,800.
TOTALS	<u>527,710.</u>	<u>1,219,800.</u>

ATTACHMENT 8

FORM 990PF, PART II - OTHER INVESTMENTS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
SCHWAB #5937	11,313,512.	17,510,876.
TOTALS	<u>11,313,512.</u>	<u>17,510,876.</u>

ATTACHMENT 9

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

DESCRIPTION

AMOUNT

DONATION - UNREALIZED GAIN

108,090.

TOTAL

108,090.

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.	0.
NANCY R KEET PO BOX 1199, MOIR ROAD LAKE COLBY SARANAC LAKE, NY 12983	TRUSTEE 0.	0.	0.	0.
BONNIE FALKENSTINE KEET 3130 N MAIN STREET SOQUEL, CA 95073	TRUSTEE 0.	0.	0.	0.
JODI COLLINS KEET 22 GLORY ROAD WESTON, CT 06883	TRUSTEE 0.	0.	0.	0.
GLENN A KEET PO BOX 1392 CAPITOLA, CA 95010	TRUSTEE 0.	0.	0.	0.
MELISSA EISINGER PO BOX 1199, MOIR ROAD LAKE COLBY SARANAC LAKE, NY 12983	TRUSTEE 0.	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.	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 ACTION PO BOX 655 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	50,000.
ADIRONDACK CENTER FOR LOON CONSERVATION 15 BROADWAY SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	3,500.
ADIRONDACK CENTER FOR WRITING 52 MAIN STREET 2ND FLOOR SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	4,500.
ADIRONDACK COMMUNITY OUTREACH CENTER 2718 ST RT 28 NORTH CREEK, NY 12853	NONE	GENERAL CHARITABLE	1,000.
ADIRONDACK COUNCIL 103 HAND AVE SUITE 3 ELIZABETHTOWN, NY 12932	NONE	GENERAL CHARITABLE	10,000.
ADIRONDACK EXPERIENCE 9097 NY-30 BLUE MOUNTAIN LAKE, NY 12812	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>
ADIRONDACK EXPLORER 36 CHURCH ST #1 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	49,000.
ADIRONDACK FILM SOCIETY 2430 MAIN ST LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	2,000.
ADIRONDACK FOLK SCHOOL 51 MAIN ST LAKE LUZERNE, NY 12846	NONE	GENERAL CHARITABLE	15,000.
ADIRONDACK FOUNDATION PO BOX 288 LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	57,000.
ADIRONDACK HAMLETS TO HUTS 47 MAIN STREET SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	5,000.
ADIRONDACK HEALTH FOUNDATION PO BOX 120 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	272,000.

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 LAKES CENTER FOR THE ARTS PO BOX 205 BLUE MOUNTAIN LAKE, NY 12812	NONE	GENERAL CHARITABLE	1,825.
ADIRONDACK MARATHON PO BOX 583 SCHROON LAKE, NY 12870	NONE	GENERAL CHARITABLE	5,000.
ADIRONDACK MOUNTAIN CLUB 814 GOGGINS ROAD LAKE GEORGE, NY 12845	NONE	GENERAL CHARITABLE	10,000.
ADIRONDACK PARK INSTITUE PO BOX 67 NEWCOMB, NY 12852	NONE	GENERAL CHARITABLE	1,000.
ADIRONDACK RESEARCH CONSORTIUM PO BOX 96 PAUL SMITHS, NY 12970	NONE	GENERAL CHARITABLE	2,000.
ADIRONDACK SKY CENTER 178 BIG WOLF RD TUPPER LAKE, NY 12986	NONE	GENERAL CHARITABLE	1,000.

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 WILDLIFE REFUGE 977 SPRINGFIELD ROAD WILMINGTON, NY 12997	NONE	GENERAL CHARITABLE	500.
ALL HANDS VOLUNTEERS 6 COUNTY ROAD SUITE 6 MATTAPOISETT, MA 02739	NONE	GENERAL CHARITABLE	15,000.
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	NONE	GENERAL CHARITABLE	1,000.
ANCA 67 MAIN ST #201 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	1,500.
APPLEBY FOUNDATION 579 BROADWAY, 4B NEW YORK, NY 10012	NONE	GENERAL CHARITABLE	2,000.
ARIRONDACK TREKS PO BOX 23 JOHNSBURG, NY 12843	NONE	GENERAL CHARITABLE	1,895.

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>
ARISE OF TUPPER LAKE PO BOX 1200 TUPPER LAKE, NY 12986	NONE	GENERAL CHARITABLE	10,000.
AUSABLE RIVER ASSOCIATION 1181 HASELTON ROAD WILMINGTON, NY 12997	NONE	GENERAL CHARITABLE	11,200.
BALLARD PARK FOUNDATION PO BOX 531 WESTPORT, NY 12993	NONE	GENERAL CHARITABLE	1,000.
BARKEATER TRAIL ALLIANCE PO BOX 843 LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	6,375.
BEEKMANTOWN CENTRAL SCHOOL 6944 NY-22 PLATTSBURGH, NY 12901	NONE	GENERAL CHARITABLE	942.
BLOOMINGDALE SCHOOL 150 WEST 105TH STREET NEW YORK, NY 10025	NONE	GENERAL CHARITABLE	1,000.

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>
BLUSEED STUDIOS 24 CEDAR STREET SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	12,500.
CHAMPLAIN AREA TRAILS 6482 MAIN STREET WESTPORT, NY 12993	NONE	GENERAL CHARITABLE	20,500.
COMMUNITY HEALTH CENTER OF THE NORTH COUNTRY 4 COMMERCE LANE CANTON, NY 13617	NONE	GENERAL CHARITABLE	5,000.
CORNELL COOPERATIVE EXTENSION 24 MARTIN RD, WILLIAM RICE JR. EXT. CTR. VOORHEESVILLE, NY 12186	NONE	GENERAL CHARITABLE	1,000.
CRANE MOUNTAIN VALLEY HORSE RESCUE 7556 NYS ROUTE 9N WESTPORT, NY 12993	NONE	GENERAL CHARITABLE	10,000.
CREATIVE HEALING CONNECTIONS PO BOX 69 BAKERS MILLS, NY 12811	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>
CWS CROP WALK PO BOX 968 ELKHART, IN 46515	NONE	GENERAL CHARITABLE	250.
DOCTORS WITHOUT BORDERS USA 40 RECTOR ST., 16TH FLOOR NEW YORK, NY 10006	NONE	GENERAL CHARITABLE	500.
EAGLE ISLAND, INC. 442 GILPIN BAY SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	10,000.
ECUMENICAL COUNCIL OF SARANAC LAKE PO BOX 194 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	5,000.
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	NONE	GENERAL CHARITABLE	5,000.
ESSEX COUNTY ARTS COUNCIL PO BOX 187 WESTPORT, NY 12993	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>
FAMILIES FIRST ESSEX COUNTY 196 WATER ST ELIZABETHTOWN, NY 12932	NONE	GENERAL CHARITABLE	1,000.
FIRST NIGHT SARANAC LAKE PO BOX 326 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	1,500.
FORT TICONDEROGA 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	1,500.
HIGH PEAKS HOSPICE PO BOX 840 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	5,000.
HISTORIC SARANAC LAKE 89 CHURCH STREET #2 SARANAC LAKE, NY 12983	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>
HUDSON HEADWATERS HEALTH NETWORK 9 CAREY RD QUEENSBURY, NY 12804	NONE	GENERAL CHARITABLE	10,000.
ICE PALACE, A LOVE LETTER 30 JOHN STREET BROOKLYN, NY 11201	NONE	GENERAL CHARITABLE	5,000.
INDIAN LAKE THEATER 13 E MAIN ST INDIAN LAKE, NY 12842	NONE	GENERAL CHARITABLE	3,500.
JOHN BROWN LIVES PO BOX 357 WESTPORT, NY 12993	NONE	GENERAL CHARITABLE	10,000.
KNIGHTS OF COLUMBUS COUNCIL 1 COLUMBUS PLAZA NEW HAVEN, CT 06510	NONE	GENERAL CHARITABLE	6,000.
LAKE GEORGE LAND CONSERVANCY 4905 LAKE SHORE DR BOLTON LANDING, NY 12814	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>
LAKE GEORGE MUSIC FESTIVAL 172 OTTAWA ST LAKE GEORGE, NY 12845	NONE	GENERAL CHARITABLE	2,000.
LAKE PLACID COMMUNITY BEAUTIFICATION 2693 MAIN STREET SUITE 301 LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	2,000.
LAKE PLACID OLYMPIC MUSEUM 2634 MAIN STREET LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	500.
LAKE PLACID SINFONIETTA 17 ALGONQUIN DRIVE LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	7,000.
LAKESIDE SCHOOL 6 LEANING ROAD ESSEX, NY 12936	NONE	GENERAL CHARITABLE	5,000.
LAKE PLACID/NORTH ELBA HISTORICAL SOCIETY PO BOX 189 LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	4,000.

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>
LAND TRUST ALLIANCE 1250 H STREET SUITE 600 WASHINGTON, DC 20005	NONE	GENERAL CHARITABLE	100.
LITERACY VOLUNTEERS 71 FIRST STREET TROY, NY 12180	NONE	GENERAL CHARITABLE	3,000.
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN DR LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	500.
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY RD LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	7,000.
NATIONAL PARKS CONSERVATION ASSOCIATION 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	NONE	GENERAL CHARITABLE	1,000.
NATIONAL PARK FOUNDATION 1110 VERMONT AVE SUITE 200 WASHINGTON, DC 20005	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>
NORTH COUNTRY AT WORK ST. LAWRENCE UNIVERSITY CANTON, NY 13617	NONE	GENERAL CHARITABLE	10,000.
NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION 23 SANTANONI AVENUE SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	500.
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	7,015.
NORTHEAST WILDERNESS TRUST 17 STATE ST #302 MONTPELIER, VT 05602	NONE	GENERAL CHARITABLE	50,000.
NORTHERN FOREST CANOE TRIAL PO BOX 565 WAITSFIELD, VT 05673	NONE	GENERAL CHARITABLE	4,000.

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>
NORTHERN FOREST CENTER 18 N MAIN ST #204 CONCORD, NH 03301	NONE	GENERAL CHARITABLE	1,000.
NRDC ACTION FUND 40 W 20TH STREET NEW YORK, NY 10011	NONE	GENERAL CHARITABLE	500.
NYSEF 5021 STATE ROUTE 86 WILMINGTON, NY 12997	NONE	GENERAL CHARITABLE	15,500.
OPEN SPACE INSTITUTE 1350 BROADWAY NEW YORK, NY 10018	NONE	GENERAL CHARITABLE	50,000.
PAINE MEMORIAL FREE LIBRARY 2 GILLILAND LN WILLSBORO, NY 12996	NONE	GENERAL CHARITABLE	5,000.
PARKS AND TRAILS NEW YORK 33 ELK ST 1ST FLOOR REAR ALBANY, NY 12207	NONE	GENERAL CHARITABLE	3,000.

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>
PAUL SMITH COLLEGE 7777 NY-30 PAUL SMITHS, NY 12970	NONE	GENERAL CHARITABLE	25,000.
PENDRAGON THEATRE 15 BRANDY BROOK AVENUE SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	24,500.
PERU ELEMENTARY SCHOOL 116 PLEASANT ST PERU, NY 12972	NONE	GENERAL CHARITABLE	2,500.
PLATTSBURGH COLLEGE FOUNDATION 101 BROAD STREET PLATTSBURGH, NY 12901	NONE	GENERAL CHARITABLE	5,000.
PREP FOR PREP 328 W 71ST ST NEW YORK, NY 10023	NONE	GENERAL CHARITABLE	1,000.
PSCAWI 4401 N. FAIRFAX DRIVE SUITE 600 ARLINGTON, VA 22203	NONE	GENERAL CHARITABLE	8,000.

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>
REGIONAL FOOD BANK OF NENY 965 ALBANY-SHAKER ROAD LATHAM, NY 12110	NONE	GENERAL CHARITABLE	5,000.
SARANAC LAKE AREA CHAMBER OF COMMERCE 39 MAIN ST SUITE 2 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	1,000.
SARANAC LAKE AREA YOUTH PROGRAM 141 PETROVA AVE SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	520.
SARANAC LAKE CENTRAL SCHOOL 79 CANARAS AVENUE SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	3,000.
SARANAC LAKE FREE LIBRARY 109 MAIN ST SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	500.
SARANAC LAKE ROTARY FOUNDATION 36 BROADWAY SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	12,500.

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>
SARANAC LAKE VIS PO BOX 702 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	500.
SARANAC LAKE VOLUNTEER FIRE DEPARTMENT 100 BROADWAY SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	200.
SARANAC LAKE VOLUNTEER RESCUE SQUAD 100 BROADWAY SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	200.
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	5,000.
SEAGLE MUSIC COLONY 999 CHARLEY HILL RD SCHROON LAKE, NY 12870	NONE	GENERAL CHARITABLE	1,000.

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>
SLYAA PO BOX 193 SPIRIT LAKE, IA 51360	NONE	GENERAL CHARITABLE	500.
SNOWSLIP FOUNDATION PO BOX 991 LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	5,000.
ST EUSTACE EPISCOPAL CHURCH 2450 MAIN ST LAKE PLACID, NY 12946	NONE	GENERAL CHARITABLE	5,000.
ST LAWRENCE UNIVERSITY 23 ROMODA DR CANTON, NY 13617	NONE	GENERAL CHARITABLE	5,000.
STUDENT CONSERVATION ASSOCIATION 4601 NORTH FAIRFAX DRIVE SUITE 900 ARLINGTON, VA 22203	NONE	GENERAL CHARITABLE	1,000.
TANNERY POND CENTER, INC. 228 MAIN ST NORTH CREEK, NY 12853	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>
TAUNY 53 MAIN STREET CANTON, NY 13617	NONE	GENERAL CHARITABLE	11,000.
THE ADIRONDACK CAROUSEL 2 DEPOT ST SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	200.
THE BRIGID PROJECT 907 CASEY ROAD SARANAC LAKE, NY 12981	NONE	GENERAL CHARITABLE	4,000.
THE DEPOT THEATRE, INC. PO BOX 414 WESTPORT, NY 12993	NONE	GENERAL CHARITABLE	4,000.
THE HYDE COLLECTION 161 WARREN ST GLENS FALLS, NY 12801	NONE	GENERAL CHARITABLE	2,500.
THE NEW YORK NEWSPAPERS FOUNDATION 252 HUDSON AVE ALBANY, NY 12210	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 WILD CENTER 45 MUSEUM DRIVE TUPPER LAKE, NY 12986	NONE	GENERAL CHARITABLE	5,000.
TOWN OF JOHNSBURG 219 MAIN STREET NORTH CREEK, NY 12853	NONE	GENERAL CHARITABLE	1,000.
TOWN OF KEENE 10892 NYS ROUTE 9N KEENE, NY 12942	NONE	GENERAL CHARITABLE	500.
TRI LAKE CENTER FOR INDEPENDENCE 43 BROADWAY # 1 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	3,000.
TRUDEAU INSTITUTE 154 ALGONQUIN AVE SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	100,000.
TUPPER LAKE YOUTH ACTIVITIES 120 DEMARS BOULEVARD TUPPER LAKE, NY 12986	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>
UPPER JAY ART CENTER 12198 OLD RT 9N UPPER JAY, NY 12987	NONE	GENERAL CHARITABLE	3,000.
UPPER SARANAC FOUNDATION PO BOX 564 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	3,500.
VILLAGE OF SARANAC LAKE 39 MAIN STREET, SUITE 9 SARANAC LAKE, NY 12983	NONE	GENERAL CHARITABLE	1,000.
WHALLONSBURG GRANGE HALL PO BOX 54 ESSEX, NY 12936	NONE	GENERAL CHARITABLE	10,500.
YOUNG LIFE PO BOX 520 COLORADO SPRINGS, CO 80901	NONE	GENERAL CHARITABLE	500.
TOTAL CONTRIBUTIONS PAID			<u>1,155,222.</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	6,380.	
ENTERPRISE PRODUCTS PARTNERS LP			01	3,679.	
TOTALS				<u>10,059.</u>	

**SCHEDULE D
(Form 1041)**

Capital Gains and Losses

OMB No. 1545-0092

Department of the Treasury
Internal Revenue Service

▶ 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 for instructions and the latest information.

2019

Name of estate or trust: **CLOUDSPLITTER FOUNDATION** Employer identification number: **22-2784895**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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)
1a 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.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.	2,000,000.	2,012,784.		-12,784.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824.				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2018 Capital Loss Carryover Worksheet.				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back.				7 -12,784.

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)
8a 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.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.	3,536,064.	3,111,989.		424,075.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.	2,809,776.	1,997,927.		811,849.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.	1,681,631.			1,681,631.
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824.				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				12
13 Capital gain distributions.				13
14 Gain from Form 4797, Part I.				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2018 Capital Loss Carryover Worksheet.				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back.				16 2,917,555.

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

Schedule D (Form 1041) 2019

Part III Summary of Parts I and II		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
17	Net short-term gain or (loss).	17		-12,784.
18	Net long-term gain or (loss):			
a	Total for year	18a		2,917,555.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet.)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a. ▶	19		2,904,771.

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.

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

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, line 39), 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 23, 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 39, 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.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, line 39).	21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero.	22		
23	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)	23		
24	Add lines 22 and 23	24		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	25		
26	Subtract line 25 from line 24. If zero or less, enter -0-	26		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27		
28	Enter the smaller of the amount on line 21 or \$2,650	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶	30		
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$12,950	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15) ▶	37		
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40		
41	Multiply line 40 by 20% (0.20) ▶	41		
42	Figure the tax on the amount on line 27. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, line 41) ▶	45		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

▶ Go to 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.

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 Note 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). See the separate instructions.		(h) Gain or (loss). 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	VARIOUS	VARIOUS	2,000,000.	2,012,784.			-12,784.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			2,000,000.	2012784.			-12,784.

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

CLOUDSPLITTER FOUNDATION

22-2784895

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-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 Note 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). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SCHWAB #5937 - LT D	VARIOUS	VARIOUS	3,536,064.	3,111,989.			424,075.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				3,536,064.	3111989.			424,075.

Note: If you checked Box D 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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

CLOUDSPLITTER FOUNDATION

22-2784895

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-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 Note 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). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SCHWAB #5937 - LT E	VARIOUS	VARIOUS	2,809,776.	1997927.			811,849.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				2,809,776.	1997927.			811,849.

Note: If you checked Box D 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.

Bender Lane Advisory
4 Tower Pl Ste 1001
Albany, NY 12203-3721
Fax: 518-218-1295

Cloudsplitter Foundation
Instructions for Filing
Form CHAR500
New York State Annual Filing for Charitable Organizations
For the year ended December 31, 2019

The original return should be signed (use full name) and dated on page 1 by two authorized officers of the organization, including the chief fiscal officer.

File the signed return by June 30, 2020 with:

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

A check or money order payable to "Department of Law" in the amount of \$750 should be attached to the return. Be sure to include the federal EIN and "2019 Form CHAR500" on the check.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

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

2019
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1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01 / 01 / 2019 and Ending (mm/dd/yyyy) 12 / 31 / 2019


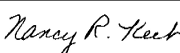
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: CLOUDSPLITTER FOUNDATION	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.

2. Certification

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

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 E KEET	7/30/20
	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:		NANCY R KEET	7/30/20
	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: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

Page 1

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
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

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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.

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: CLOUDSPLITTER 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:
-----------------------	-------------------------

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: