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CLIENT'S COPY

FORM 990-PF

Tax Return Carryovers to 2021

Disallowing Form	UDSPLITTER FOUNDATION	Originating Form	Entity/ Activity	Numbe St/ City	
Form	Description	Form	Activity	City	Amount
90-PF	EXCESS DISTRIBUTIONS	990-PF			1,518,660
			-		
			-		
			-		

Direct Deposit/Debit Report

Name:	CLOUDSPLI	TTER FOUNDATION			Employer Identification	Number: 22-	2784895
Unit	Form	Name of Financial Institution	Account Type	Routing Number	Account Number	Debit/Deposit Date	Amount
FED	8868 PF		CHECKING	031100157	7045626126	DEBIT-EXT 05/15/21	65,000.

BENDER LANE ADVISORY 4 TOWER PLACE, SUITE 1001 ALBANY, NY 12203

518-218-1218

JULY 8, 2021

CLOUDSPLITTER FOUNDATION 62 MOIR ROAD, PO BOX 1357 SARANAC LAKE, NY 12983

CLOUDSPLITTER FOUNDATION:

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-PF RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2021.

FORM 990-PF HAS AN OVERPAYMENT OF \$67,925. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

NO AMOUNT IS DUE ON FORM 990-PF.

PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS DISTRIBUTION CARRYOVER OF \$1,518,660. THIS MAY BE APPLIED TO TAX YEAR 2021 AND SUBSEQUENT YEARS.

NEW YORK FORM CHAR500:

THE NEW YORK FORM CHAR500 SHOULD BE MAILED AS SOON AS POSSIBLE TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

ENCLOSE A CHECK OR MONEY ORDER FOR \$750, PAYABLE TO DEPARTMENT OF LAW.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF FEDERAL FORM 990-PF MUST BE PROPERLY SIGNED AND DATED.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

DANIEL G. PIAZZA	

Form **8879-EO**

THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization

_	
2020, and ending	20

Internal Deverse Comits		Do not send to the IRS. K				2020
Internal Revenue Service Name of exempt organization (www.irs.gov/Form8879E	O for the latest	information.	Toynovor	identification number
ivanie di exempt diganization (n person subject to tax				Гахраует	identification number
CLOUDSPLITTER	FOUNDATION				22-2	784895
Name and title of officer or per	son subject to tax					
ERNEST E KEET						
TRUSTEE Part I Type of F	Octurn and Daturn	nformation (Whole Dol				
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		g this Form 8879-EO and ent below, and the amount on th				
		whichever is applicable, blar				
-		o not complete more than	•			
1a Form 990 check here	b Total reve	enue, if any (Form 990, Part	VIII. column (A).	line 12)	1b	
2a Form 990-EZ check he		revenue, if any (Form 990-E				
3a Form 1120-POL check						
4a Form 990-PF check he	ere X b Tax b	otal tax (Form 1120-POL, lin ased on investment incom	e (Form 990-PF,	Part VI, line 5)	4b	56,681
5a Form 8868 check here		ce due (Form 8868, line 3c)				
6a Form 990-T check her		tax (Form 990-T, Part III, line				
7a Form 4720 check here	b Total	tax (Form 4720, Part III, line	: 1)		7b	
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Under penalties of perjury,		an officer of the above orga				
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Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print CLOUDSPLITTER FOUNDATION 22-2784895 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 62 MOIR ROAD, PO BOX 1357 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SARANAC LAKE, NY 12983 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4 Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 GRAYPOINT, LLC The books are in the care of ▶ PO BOX 38016 - ALBANY, NY 12203 Telephone No. ► 518-218-1221 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2020 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 124,606. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 59,606. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 65,000.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2020)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

EXTENDED TO NOVEMBER 15, 2021 Return of Private Foundation

Form **990-PF**

Department of the Treasury

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.



	lendar year 2020 or tax year beginning		, and ending		
Name	of foundation	A Employer identification	number		
	OUDSPLITTER FOUNDATION			22-2784895	
	er and street (or P.O. box number if mail is not delivered to street add	dress)	Room/suite	B Telephone number	0.1
	MOIR ROAD, PO BOX 1357 or town, state or province, country, and ZIP or foreign pos	etal codo		518 218 122 C If exemption application is pe	
	RANAC LAKE, NY 12983	stal code		if exemption application is pe	nding, check here
G Che	eck all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations,	, check here
	Final return	Amended return		2 Foreign organizations mee	eting the 85% test
	Address change	Name change		2. Foreign organizations mee check here and attach con	nputation
	eck type of organization: X Section 501(c)(3) exe		tion	E If private foundation stat	
	Section 4947(a)(1) nonexempt charitable trust O market value of all assets at end of year J Accounting	Other taxable private foundage method: X Cash	Accrual	under section 507(b)(1)(, ,.
		er (specify)	Acciuai	F If the foundation is in a 6 under section 507(b)(1)(
▶ \$			s.)		<i>(b</i>), 61100K 11010 ▶
Part	The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
\neg	1 Contributions, gifts, grants, etc., received	673,059.			(cash basis only)
	2 Check if the foundation is not required to attach Sch. B	,			
3	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	417,566.	417,566.		
!	5a Gross rents				
_ <i>,</i>	b Net rental income or (loss)	3,664,848.			
en '	6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 13,448,151.	3,004,040.			
Revenue	7 Capital gain net income (from Part IV, line 2)		3,664,848.		
~ a	8 Net short-term capital gain				
9	9 Income modifications Gross sales less returns				
10	Ua and allowances				
	b Less: Cost of goods sold				
1.	c Gross profit or (loss) 1 Other income				
12		4,755,473.	4,082,414.	0.	
13		0.	0.	0.	0.
14		121,200.	0.	0.	120,200.
15	5 Pension plans, employee benefits	3,636.	0.	0.	3,636.
Se 16	6a Legal fees STMT 1	23,398.	0.	0.	23,398.
Expenses	b Accounting fees				
<u>й</u>	c Other professional fees	637.	637.	0.	0.
Administrative 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		92,857.	3,580.	0.	9,277.
19 19		•	•		·
	, , , , , , , , , , , , , , , , , , , ,	5,521.	0.	0.	5,521.
and 22		31,367.	450.	0.	31,367.
23 12 24	· · · · · · · · · · · · · · · · · · ·	31,307.	450.	0.	31,307.
Operating 52	expenses. Add lines 13 through 23	278,616.	4,667.	0.	193,399.
8 _{2!}		1,321,873.	=, • • •	3.1	1,321,873.
	6 Total expenses and disbursements.				_
\perp	Add lines 24 and 25	1,600,489.	4,667.	0.	1,515,272.
27	7 Subtract line 26 from line 12:	2 154 004			
	a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	3,154,984.	4,077,747.		
	C Adjusted net income (if negative, enter -0-)		<u> </u>	0.	

023501 12-02-20 LHA For Paperwork Reduction Act Notice, see instructions.

P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End o	
_		Column should be for that of year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1 -11 -11	10 -10 -10	
	2	Savings and temporary cash investments Accounts receivable ► 480,000.	1,546,680.	13,748,768.	13,748,768.
	3	Accounts receivable ► 480,000.			
		Less: allowance for doubtful accounts ▶	480,000.	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			
	7	Other notes and loans receivable			
	-	Less: allowance for doubtful accounts			
"	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ass	10a	Investments - U.S. and state government obligations	4,682,686.	0.	0.
	h	Investments - corporate stock STMT 5	527,710.	411,828.	1,082,848.
	,	Investments - corporate bonds	32777201	111,0201	1,002,0101
		Investments - land, buildings, and equipment: basis			
	''				
	10	Less: accumulated depreciation			
	12	Investments - mortgage loans	11,313,512.	6,643,048.	11,284,099.
	13	Investments - other STMT 6	11,313,312.	0,043,040.	11,204,000.
	14	Land, buildings, and equipment: basis			
	4-	Less: accumulated depreciation			
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	10 550 500	21 202 644	26 505 715
_	47	instructions. Also, see page 1, item I)	18,550,588.	21,283,644.	26,595,715.
		Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iak	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
		Tabel Pak 1992 of Add Page 47 through 00)	0	0.	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
ces		and complete lines 24, 25, 29, and 30.			
anc	24	Net assets without donor restrictions			
Bal	25	Net assets with donor restrictions			
Fund Balan		Foundations that do not follow FASB ASC 958, check here			
Ξ	l	and complete lines 26 through 30.	0	0	
ō	26	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	28	Retained earnings, accumulated income, endowment, or other funds	18,550,588.	21,283,644.	
let	29	Total net assets or fund balances	18,550,588.	21,283,644.	
_			10 550 500	21 202 644	
_	30	Total liabilities and net assets/fund balances	18,550,588.	21,283,644.	
P	art	Analysis of Changes in Net Assets or Fund Bal	ances		
-	Total	net assets or fund balances at beginning of year - Part II, column (a), line 2	0	<u> </u>	
1				1	18,550,588.
2	•				3,154,984.
		r increases not included in line 2 (itemize)		3	0.
					21,705,572.
		ines 1, 2, and 3 eases not included in line 2 (itemize)		ATEMENT 4 5	421,928.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col			21,283,644.
					Form 990-PF (2020)

Part IV	Capital Gains a	and Losses for Tax on In	vestment Income				
		the kind(s) of property sold (for exar trehouse; or common stock, 200 shs		ΙP	How acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SCHV	VAB #5937 L'	Γ-D			P		
b							
С							
d							
е			_				
	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 -	13,448,151.		9,783,3	03.			3,664,848.
b							
С							
d							
e Carranta		a anim in antimon (h) and accord by the	h - f d - t				
Comple	te only for assets snowin	g gain in column (h) and owned by t				(I) Gains (Col. (h) gain ol. (k), but not less than	
(i) FN	/IV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			Losses (from col. (1)) ်
a							3,664,848.
b							
C							
d							
е		∫ If gain, also enter					
3 Net short If gain, a	lso enter in Part I, line 8,	pital loss)	d (6):	<i>}</i>	2		3,664,848.
Part I, lin	^{e 8} ☐ Qualification U	nder Section 4940(e) for	Reduced Tax on Net) t Inve	stment Inc	come	0.
· uit v		ON 4940(e) REPEALED O					
1 Reserve							
	(a) Reserved	(b) Reserved		(c) Reserv		Re	(d) served
	Reserved						
	Reserved						
	Reserved						
	Reserved						
	Reserved						
2 Reserved	1					2	
3 Reserved	1					3	
4 Reserved	ı					4	
5 Reserved	I					5	
6 Reserved	I					6	
7 Reserved	I					7	
8 Reserved	1					8	orm 990-PF (2020)
							orm 9901-PF (2020)

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see in	struction	าร)		
1a	exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
- 1	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b I	Reserved	1	5	6,6	<u>81.</u>
C	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4%				
	of Part I, line 12, col. (b)				
2	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2			0.
3 /		3	5	6,6	<u>81.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	5	6,6	<u>81.</u>
	Credits/Payments:				
	2020 estimated tax payments and 2019 overpayment credited to 2020 6a 59,606.				
	exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld 6d 0 .		1.0		۰.
7		7	12	4,6	<u> </u>
		8			0.
		9		7 0	2-
		10		7,9	
Dar	Enter the amount of line 10 to be: Credited to 2021 estimated tax ► 67,925 • Refunded ► 1 t VII-A Statements Regarding Activities	11			0.
				Yes	No
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		4.	103	X
	iny political campaign?		1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1	1b		
	f the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year?		1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		16		- 25
	1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. > \$ 0.				
	las the foundation engaged in any activities that have not previously been reported to the IRS?		2		х
	f "Yes," attach a detailed description of the activities.				
	las the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	ylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
	f "Yes," has it filed a tax return on Form 990-T for this year?		4b		
5	Nas there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
1	f "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
•	By language in the governing instrument, or				
•	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	V			
	emain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	Х	
	Enter the states to which the foundation reports or with which it is registered. See instructions.				
	NY				
	f the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			77	
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
	s the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				v
	rear 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		<u> 10</u> m 990)_DF	
		ror	III JAC	/-I-I	(2020)

га	11 VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► CLOUDSPLITTER.ORG			
14	The books are in care of ▶ GRAYPOINT, LLC Telephone no.▶518-21	8-1	221	
	Located at ► PO BOX 38016, ALBANY, NY ZIP+4 ►12	203		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	<u>/A</u>	
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
_	foreign country			
Pa	rt 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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2020?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? Yes X No			
_	If "Yes," list the years			
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	O.b.		
	statement - see instructions.) N/A If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		
C				
20	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ja	during the year? Yes X No			
h	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after			
U	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2020.) N/A	3b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	,,,		
	had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		Х
		rm 99 0)-PF	

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)	W	
 5a During the year, did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? 	r to carry on, directly or indire	ectly, Ye	es X No	Yes	No
 (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? See instructions 	? n described in section	Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or f	or Ye	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	ere		▶□		
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).		[/A	s No		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a plf "Yes" to 6b, file Form 8870.				6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No	76	
b If "Yes," did the foundation receive any proceeds or have any net income attribu8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$				7b	
excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly	s X No		
Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and the	peir compensation				
List dil officers, dil cotors, di discess, and foundation managers and the	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	ense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, allowar	other nces
SEE STATEMENT 7		0.	0.		0.
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, o	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) Expo account, allowar	other
NONE					
					-
Total number of other employees paid over \$50,000					
, , , , , , , , , , , , , , , , , , , ,			Form	990-PF	(2020)

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Part VIII	Information About Officers, Directors, Trustees, Foundation N Paid Employees, and Contractors _(continued)	lanagers, Highly	
3 Five highest-	paid independent contractors for professional services. If none, enter "NON	E."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NO	NE	.,	
			1
			+
Total number of c	others receiving over \$50,000 for professional services Summary of Direct Charitable Activities	>	0
List the foundatio	n's four largest direct charitable activities during the tax year. Include relevant statistical info zations and other beneficiaries served, conferences convened, research papers produced, et	ormation such as the	Expenses
1			
SEE STA	TEMENT 8		0.
2			
3			
4			
	Summary of Program-Related Investments		
1 N/2	largest program-related investments made by the foundation during the tax year on lines 1 $lpha$	ind 2.	Amount
2			
All other program	r-related investments. See instructions.		
Total. Add lines	1 through 3	>	0.
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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	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	15,217,026.
	Average of monthly cash balances	1b	8,767,479.
C	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	23,984,505.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	23,984,505.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) STMT 9	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	22,484,505.
6	Minimum investment return. Enter 5% of line 5	6	1,124,225.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here	nd certain	
1	Minimum investment return from Part X, line 6	1	1,124,225.
2а	FC C01		
	Income tax for 2020. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	56,681.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,067,544.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,067,544.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,067,544.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,515,272.
b	Program-related investments - total from Part IX-B	1b	0.
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:		
а	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	1,515,272.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,515,272.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies fo	r the section

CLOUDSPLITTER FOUNDATION

Part XIII Undistributed Income (see instructions)

	<u> </u>			
	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI,	·			1 067 544
line 7				1,067,544.
2 Undistributed income, if any, as of the end of 2020:			0.	
a Enter amount for 2019 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:		0.		
a From 2015				
b From 2016 246,965.				
c From 2017 403,881.				
d From 2018 190,718.				
e From 2019 229,368.				
f Total of lines 3a through e	1,070,932.			
4 Qualifying distributions for 2020 from				
Part XII, line 4: ► \$ 1,515,272.			_	
a Applied to 2019, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			1 065 544
d Applied to 2020 distributable amount	447 700			1,067,544.
e Remaining amount distributed out of corpus	447,728.			
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,518,660.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2019. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2020. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2021				0.
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)	0.			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2021.				
Cultivast lines 7 and 0 from line Co	1,518,660.			
10 Analysis of line 9:	_,5_5,000.			
a Excess from 2016 246, 965.				
b Excess from 2017 403,881.				
c Excess from 2018 190,718.				
d Excess from 2019 229,368.				
e Excess from 2020 447,728.				
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Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A		
1 a If the foundation has received a ruling of	or determination letter that	t it is a private operating				
foundation, and the ruling is effective fo	or 2020, enter the date of t	the ruling	▶ ∟			
b Check box to indicate whether the found	d <u>ation is a private operatir</u>	ng foundation described i	n section	4942(j)(3) or 4	942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	_		
income from Part I or the minimum	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total	
investment return from Part X for						
each year listed						
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 Info	rmation (Comple	te this part only i	f the foundation	had \$5,000 or mo	re in assets	
at any time during t				,		
1 Information Regarding Foundation	n Managers:					
a List any managers of the foundation wh	-	than 2% of the total cont	ributions received by the	e foundation before the clos	se of any tax	
year (but only if they have contributed r			•		•	
ERNEST E KEET						
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (or an equally large port	ion of the ownership of a pa	artnership or	
other entity) of which the foundation ha	s a 10% or greater interes	st.				
NONE						
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:			
Check here if the foundation of	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	ests for funds. If	
the foundation makes gifts, grants, etc.	, to individuals or organiza	ations under other condit	ions, complete items 2a	, b, c, and d.		
a The name, address, and telephone number or email address of the person to whom applications should be addressed:						
SEE STATEMENT 10						
b The form in which applications should I	e submitted and informat	tion and materials they sl	nould include:			
c Any submission deadlines:						
A Account Address - P. 19.19		-lana - akan 11 . 6	District of the second	ather factors		
d Any restrictions or limitations on award	s, such as by geographica	ai areas, charitable fields,	kings of institutions, or	owner factors:		

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Part XV Supplementary Information				T
3 Grants and Contributions Paid During the Ye		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
Paid during the year	Of Substantial Contributor	recipient		
• Faid during the year				
AARCH PO BOX 3903	NONE		GENERAL CHARITABLE	
FREDERICK, MD 21705				28,000.
				, -
ADIRONDACK CAROUSEL	NONE		GENERAL CHARITABLE	
PO BOX 1059 SARANAC LAKE, NY 12983				200.
SHARING EMEL, NI 12505				200.
ADIRONDACK CENTER FOR LOON	NONE		GENERAL CHARITABLE	
CONSERVATION				
15 BROADWAY				3 000
SARANAC LAKE, NY 12983				3,000.
ADIRONDACK CENTER FOR WRITING	NONE		GENERAL CHARITABLE	
52 MAIN STREET, 2ND FLOOR				
SARANAC LAKE, NY 12983				3,500.
ADIRONDACK COMMUNITY OUTREACH CENTER	NONE		GENERAL CHARITABLE	
2718 ST RT 28				1 000
NORTH CREEK, NY 12853 Total SEE CON	<u> </u> JTTNIIATTON CUEE!	<u> </u> መ/ሮ\	<u>▶</u> 2a	1,000.
b Approved for future payment	TIMORITON SHEE	<u> </u>	> 3a	1,321,873.
- Approved for fature payment				
NONE				
Total		l	> 3b	0.
				orm 990-PF (2020)

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Aillouilt	Tunction income
a					
b					
<u> </u>					
d					
e					
† <u></u>					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	417,566.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	3,664,848.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0 -	•	4,082,414.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	4,082,414.
(See worksheet in line 13 instructions to verify calculations.)					

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

Line No.	the foundation's exempt purposes (other than by providing funds for such purposes).
+	

Pa	rt XV	/II Information Re	egarding Transfers to and Transactions an	d Relationships With Noncharital	ole		
		Exempt Organ	izations				
1	Did th	e organization directly or indi	rectly engage in any of the following with any other organization	n described in section 501(c)		Yes	No
	(other	than section 501(c)(3) organ	izations) or in section 527, relating to political organizations?				
а	Transf	fers from the reporting founda	ation to a noncharitable exempt organization of:				
	(1) C	ash			a(1)		Х
	(2) 0	ther assets			a(2)		X
b		transactions:					
			ble exempt organization		b(1)		X
			ncharitable exempt organization		b(2)		X
	(3) R	ental of facilities, equipment,	or other assets		b(3)		X
					b(4)		X
			mbarchin or fundraicing colicitations		b(5)		X
r			mbership or fundraising solicitations iling lists, other assets, or paid employees		b(6) 1c		X
			"Yes," complete the following schedule. Column (b) should alw			ts	
_		•	pundation. If the foundation received less than fair market value	•		,	
			other assets, or services received.				
(a) ∟i	ne no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and shari	ng arrar	ngemen	ts
			N/A				
2a	Is the	foundation directly or indirect	tly affiliated with, or related to, one or more tax-exempt organiz	ations described			

In	section 501(c) (other than section 501(c)(3)) or in section	on 52/?	Yes	
b If'	Yes," complete the following schedule.			
	(a) Name of organization	(b) Type of organization	(c) Description of relationship	
	N/A			
Sian	Under penalties of perjury, I declare that I have examined this ret and belief, it is true, correct, and complete. Declaration of preparation of preparations of the control of the contro		. May the IDS	discuss this

Sign Here	and be	lief, it is true, correct, and complete. Declaration of prej		•	as any knowledge.	May the IRS discuss this return with the preparer shown below? See instr. X Yes No.
Paid		Print/Type preparer's name DANIEL G. PIAZZA	Preparer's signature	Date 07/08/21	Check if self- employed	PTIN P00037900
Prepa Use C					Firm's EIN ► 1	6-1627374
		Firm's address ► 4 TOWER PL ALBANY, NY	12203		Phone no. 51	8-218-1218

Part XV Supplementary Information	PLITTER FOUNDATIO n			84895
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual.			
Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
ADIRONDACK EXPERIENCE 9097 NY-30	NONE		GENERAL CHARITABLE	
BLUE MOUNTAIN LAKE, NY 12812				20,00
DECE MOUNTAIN DAKE, NI 12012				20,00
ADIRONDACK EXPLORER	NONE		GENERAL CHARITABLE	
36 CHURCH ST #1	NONE		GENERAL CHARITABLE	
SARANAC LAKE, NY 12983				15,00
ADIRONDACK FILM SOCIETY	NONE		GENERAL CHARITABLE	
2430 MAIN ST				
LAKE PLACID, NY 12946				3,00
ADIRONDACK FOUNDATION	NONE		GENERAL CHARITABLE	
PO BOX 288				
LAKE PLACID, NY 12946				300,00
ADIRONDACK HAMLETS TO HUTS	NONE		GENERAL CHARITABLE	
47 MAIN STREET				
SARANAC LAKE, NY 12983				1,50
ADIRONDACK HEALTH FOUNDATION	NONE		GENERAL CHARITABLE	
PO BOX 120				
SARANAC LAKE, NY 12983				22,00
ADIRONDACK HISTORY MUSEUM	NONE		GENERAL CHARITABLE	
7590 COURT STREET				
ELIZABETHTOWN, NY 12932				4,00
ADIRONDACK MOUNTAIN CLUB	NONE		GENERAL CHARITABLE	
814 GOGGINS ROAD				
LAKE GEORGE, NY 12845				15,00
ADIRONDACK RESEARCH CONSORTIUM	NONE		GENERAL CHARITABLE	
PO BOX 96				1 50
PAUL SMITHS, NY 12970				1,50
ADIRONDACK SKY CENTER & OBSERVATORY	NONE		GENERAL CHARITABLE	
PO BOX 1332 FUPPER LAKE, NY 12986				25,75
Total from continuation sheets				1,286,17

Part XV Supplementary Information				
3 Grants and Contributions Paid During the			<u> </u>	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
ADIRONDACK WILDLIFE REFUGE	NONE		GENERAL CHARITABLE	
977 SPRINGFIELD ROAD				E00
WILMINGTON, NY 12997				500.
AMERICAN RED CROSS	NONE		GENERAL CHARITABLE	
2025 E ST NW				
WASHINGTON, DC 20006				10,000.
AMERICARES	NONE		GENERAL CHARITABLE	
88 HAMILTON AVENUE				
STAMFORD, CT 06902				1,000.
ANDERSON FALLS HERITAGE SOCIETY	NONE		GENERAL CHARITABLE	
96 CLINTON STREET				2 000
KEESEVILLE, NY 12944				3,000.
APPLEBY FOUNDATION THE LAWS	NONE		GENERAL CHARITABLE	
579 BROADWAY 4B	10112			
NEW YORK, NY 10012				2,000.
ARTA	NONE		GENERAL CHARITABLE	
24000 CASA LOMA RD				
GROVELAND, CA 95321				1,000.
AUSABLE RIVER ASSOCIATION 1181 HASELTON ROAD	NONE		GENERAL CHARITABLE	
WILMINGTON, NY 12997				26,000.
BALLARD PARK FOUNDATION	NONE		GENERAL CHARITABLE	
PO BOX 531				
WESTPORT, NY 12993				1,000.
BLOOMINGDALE VOLUNTEER FIRE	NONE		GENERAL CHARITABLE	
DEPARTMENT				
101 HAMBURG TPK				
BLOOMINGDALE, NJ 07403				500.
BLUSEED STUDIOS	NONE		GENERAL CHARITABLE	
24 CEDAR STREET	NONE		CHARLIADUE	
SARANAC LAKE, NY 12983				19,000.
Total from continuation sheets	1		· · · · · · · · · · · · · · · · · · ·	,

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor CEWW BOCES NONE GENERAL CHARITABLE 1585 MILITARY TPKE PLATTSBURGH, NY 12901 50,000. CONCERNS FOR POLICE SURVIVORS NONE GENERAL CHARITABLE PO BOX 3199 CAMDENTON, MO 65020 1,000. CORNELL COOPERATIVE EXTENSION GENERAL CHARITABLE NONE 24 MARTIN RD, WILLIAM RICE JR. EXT. CTR. VOORHEESVILLE, NY 12186 14,603. CRAIGARDAN NONE GENERAL CHARITABLE 9216 NYS RT 9N ELIZABETHTOWN, NY 12932 10,000. CRANE MOUNTAIN VALLEY HORSE RESCUE NONE GENERAL CHARITABLE 7556 NYS ROUTE 9N WESTPORT, NY 12993 10,000. CWS-CROP WALK NONE GENERAL CHARTTABLE 475 RIVERSIDE DR. SUITE 700 NEW YORK, NY 10115 250. DELTA LAKE INC. NONE GENERAL CHARITABLE 6420 PILLMORE DRIVE ROME, NY 13440 5,000. DOCTORS WITHOUT BORDERS USA NONE GENERAL CHARITABLE 40 RECTOR ST., 16TH FLOOR NEW YORK, NY 10006 500. EAGLE ISLAND NONE GENERAL CHARITABLE 442 GILPIN BAY ROAD SARANAC LAKE, NY 12983 5,000. ECUMENICAL COUNCIL OF SARANAC LAKE NONE GENERAL CHARITABLE PO BOX 194 SARANAC LAKE, NY 12983 2,000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient ENVIRONMENTAL DEFENSE FUND NONE GENERAL CHARITABLE 257 PARK AVENUE SOUTH NEW YORK, NY 10010 1,000. ESSEX COUNTY ARTS COUNCIL NONE GENERAL CHARITABLE PO BOX 187 WESTPORT, NY 12993 500. FAMILIES FIRST GENERAL CHARITABLE NONE 80 JOSEPH E. LOWERY BOULEVARD, NW ATLANTA, GA 30314 1,000. FIELD AND FORK NETWORK NONE GENERAL CHARITABLE 487 MAIN STREET, SUITE 200 BUFFALO, NY 14203 50,000. FIRST NIGHT SARANAC LAKE NONE GENERAL CHARITABLE PO BOX 326 SARANAC LAKE, NY 12983 300. FORT TICONDEROGA NONE GENERAL CHARTTABLE 102 FORT TI RD TICONDEROGA, NY 12883 500. FRIENDS OF POKE-O-MOONSHINE NONE GENERAL CHARITABLE 1599 RT 95 PO BOX 546 KEESEVILLE, NY 12944 1,500. GLENS FALLS AREA YOUTH CENTER NONE GENERAL CHARITABLE 60 MONTCALM STREET GLENS FALLS, NY 12801 5,000. GREAT CAMP SAGAMORE NONE GENERAL CHARITABLE PO BOX 40 RAQUETTE LAKE, NY 13436 500. HEIFER INTERNATIONAL NONE GENERAL CHARITABLE 1 WORLD AVENUE LITTLE ROCK, AR 72202 500. Total from continuation sheets

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient HIGH PEAKS HOSPICE NONE GENERAL CHARITABLE PO BOX 840 SARANAC LAKE, NY 12983 5,000. HUDSON HEADWATERS HEALTH NETWORK NONE GENERAL CHARITABLE 9 CAREY RD QUEENSBURY, NY 12804 50,000. INDIAN LAKE THEATER GENERAL CHARITABLE NONE 13 E MAIN ST INDIAN LAKE, NY 12842 3,500. JOHN BROWN LIVES NONE GENERAL CHARITABLE PO BOX 357 WESTPORT, NY 12993 3,000. KEENE VALLEY LIBRARY NONE GENERAL CHARITABLE PO BOX 86 1796 RT 73 KEENE VALLEY, NY 12943 2,500. LAKE GEORGE LAND CONSERVANCY NONE GENERAL CHARTTABLE 4905 LAKE SHORE DR BOLTON LANDING, NY 12814 10,000. LAKE GEORGE MUSIC FESTIVAL NONE GENERAL CHARITABLE 172 OTTAWA ST LAKE GEORGE, NY 12845 2,000. LAKE PLACID CENTER FOR THE ARTS NONE GENERAL CHARITABLE 17 ALGONQUIN DR LAKE PLACID, NY 12946 500. LAKE PLACID OLYMPIC MUSEUM NONE GENERAL CHARITABLE 2634 MAIN STREET LAKE PLACID, NY 12946 500. LAKE PLACID OUTING CLUB NONE GENERAL CHARITABLE 34 SCHOOL STREET LAKE PLACID, NY 12946 1,000. Total from continuation sheets

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient LAKESIDE SCHOOL NONE GENERAL CHARITABLE 6 LEANING ROAD ESSEX, NY 12936 5,000. LITERACH VOLUNTEERS NONE GENERAL CHARITABLE 303 CAYUGA RD, SUITE 180 CHEEKTOWAGA, NY 14225 5,000. MERCY CARE FOR THE ADIRONDACKS GENERAL CHARITABLE NONE 185 OLD MILITARY RD LAKE PLACID, NY 12946 7,000. NATIONAL PARK FOUNDATION NONE GENERAL CHARITABLE 1110 VERMONT AVE, SUITE 200 WASHINGTON, DC 20005 2,000. NATIONAL PARKS CONSERVATION NONE GENERAL CHARITABLE ASSOCIATION 777 6TH STREET NW, SUITE 700 WASHINGTON, DC 20001 1,000. NEW YORK NEWSPAPERS FOUNDATION NONE GENERAL CHARITABLE 252 HUDSON AVE ALBANY, NY 12210 250. NORTH COUNTRY CHILDREN'S MUSEUM NONE GENERAL CHARITABLE 10 RAYMOND ST POTSDAM, NY 13676 3,000. NORTH COUNTRY LIFE FLIGHT NONE GENERAL CHARITABLE HELMS MUELLER RD SARANAC LAKE, NY 12983 500. NORTH COUNTRY PUBLIC RADIO NONE GENERAL CHARITABLE ST. LAWRENCE UNIVERSITY CANTON, NY 13617 15,000. NORTHEAST WILDERNESS TRUST NONE GENERAL CHARITABLE 17 STATE ST #302 MONTPELIER, VT 05602 50,000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient NORTHERN FOREST ATLAS NONE GENERAL CHARITABLE NORTHERN FOREST ATLAS FOUNDATION LAKE PLACID, NY 12946 50,000. NORTHERN FOREST CENTER NONE GENERAL CHARITABLE 18 N MAIN ST #204 CONCORD, NH 03301 1,000. NORTHERN LIGHTS SCHOOL GENERAL CHARITABLE NONE 57 CHURCH STREET SARANAC LAKE, NY 12983 14,700. NORTHWOOD SCHOOL NONE GENERAL CHARITABLE 92 NORTHWOOD RD 5,000. LAKE PLACID, NY 12946 NRDC NONE GENERAL CHARITABLE 40 WEST 20TH STREET, 11TH FLOOR NEW YORK, NY 10011 500. NYSEF NONE GENERAL CHARITABLE 5021 STATE ROUTE 86 WILMINGTON, NY 12997 3,000. OPEN DOOR MISSION NONE GENERAL CHARITABLE 156 N PLYMOUTH AVENUE ROCHESTER, NY 14608 25,000. PARKS AND TRAILS NEW YORK NONE GENERAL CHARITABLE 33 ELK ST 1ST FLOOR REAR ALBANY, NY 12207 3,000. PAUL SMITH'S COLLEGE NONE GENERAL CHARITABLE PO BOX 265, 7777 NY-30 PAUL SMITHS, NY 12970 5,000. PENDRAGON THEATRE NONE GENERAL CHARITABLE 15 BRANDY BROOK AVENUE SARANAC LAKE, NY 12983 2,500. Total from continuation sheets

Part XV Supplementary Information					
3 Grants and Contributions Paid During the	Year (Continuation)		_		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Continuation	Amount	
PERU CENTRAL SCHOOL DISTRICT 17 SCHOOL STREET PERU, NY 12972	NONE		GENERAL CHARITABLE	2,000.	
PERU COMMUNITY CHURCH PO BOX 38 PERU, NY 12972	NONE		GENERAL CHARITABLE	7,500.	
PLATTSBURGH COMMUNITY HOUSING 4817 S CATHERINE ST PLATTSBURGH, NY 12901	NONE		GENERAL CHARITABLE	20,000.	
PLAY ADIRONDACK 165 NEIL ST SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	200,000.	
PREP FOR PREP 328 W 71ST ST NEW YORK, NY 10023	NONE		GENERAL CHARITABLE	1,000.	
PROTECT THE ADIRONDACKS PO BOX 48 NORTH CREEK, NY 12853	NONE		GENERAL CHARITABLE	8,260.	
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT, NW, 5TH FLOOR WASHINGTON, DC 20037	NONE		GENERAL CHARITABLE	1,000.	
RAINBOW LAKE ASSOCIATION PO BOX 113 RAINBOW LAKE, NY 12976	NONE		GENERAL CHARITABLE	1,000.	
REGIONAL FOOD BANK NENY 965 ALBANY-SHAKER ROAD LATHAM, NY 12110	NONE		GENERAL CHARITABLE	5,000.	
RURAL PRESERVATION COMPANY 48 GANONG DRIVE, SUITE 1 SARANAC, NY 12981	NONE		GENERAL CHARITABLE	3,000.	
Total from continuation sheets					

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient SALVATION ARMY NONE GENERAL CHARITABLE 615 SLATERS LANE 1,000. ALEXANDRIA, VA 22314 SANARAC LAKE ARTWORKS NONE GENERAL CHARITABLE PO BOX 145 SARANAC LAKE, NY 12983 3,000. SARANAC LAKE CENTRAL SCHOOL GENERAL CHARITABLE NONE 79 CANARAS AVENUE SARANAC LAKE, NY 12983 4,000. SARANAC LAKE FIRE DEPARTMENT NONE GENERAL CHARITABLE 100 BROADWAY, PO BOX 509 SARANAC LAKE, NY 12983 200. SARANAC LAKE FREE LIBRARY NONE GENERAL CHARITABLE 109 MATN ST SARANAC LAKE, NY 12983 500. SARANAC LAKE MODEL UN CLUB NONE GENERAL CHARTTABLE 79 CANARAS AVENUE SARANAC LAKE, NY 12983 500. SARANAC LAKE ROTARY NONE GENERAL CHARITABLE PO BOX 628 SARANAC LAKE, NY 12983 500. SARANAC LAKE VOLUNTEER RESCUE SQUAD NONE GENERAL CHARITABLE 100 BROADWAY SARANAC LAKE, NY 12983 200. SARANAC LAKE YOUTH CENTER NONE GENERAL CHARITABLE PO BOX 1003 SARANAC LAKE, NY 12983 2,000. SCHROON LAKE ASSOCIATION NONE GENERAL CHARITABLE PO BOX 5 SCHROON LAKE, NY 12870 2,000. Total from continuation sheets

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient SHINE ON NONE GENERAL CHARITABLE 4040 ESPLANADE WAY, SUITE 270 TALLAHASSEE, FL 32399 5,000. SHINGLE SHANTY PRESERVE NONE GENERAL CHARITABLE PO BOX 732 TUPPER LAKE, NY 12986 1,500. SNOWSLIP FOUNDATION GENERAL CHARITABLE NONE PO BOX 991 LAKE PLACID, NY 12946 5,000. STRATTON MOUNTAIN SCHOOL NONE GENERAL CHARITABLE WORLD CUP CIRCLE 5,000. STRATTON MOUNTAIN, VT 05155 TAUNY NONE GENERAL CHARITABLE 53 MAIN STREET CANTON, NY 13617 6,000. THE ANDREW GOODMAN FOUNDATION NONE GENERAL CHARITABLE P.O. BOX 394 MAHWAH, NJ 07430 50,000. THE BRIGID PROJECT NONE GENERAL CHARITABLE 907 CASEY ROAD SARANAC LAKE, NY 12981 4,000. THE COMMUNITY LUNCH BOX NONE GENERAL CHARITABLE 136 MAIN STREET SARANAC LAKE, NY 12983 2,000. THE WILD CENTER NONE GENERAL CHARITABLE 45 MUSEUM DRIVE TUPPER LAKE, NY 12986 5,000. THOMAS SHIPMAN YOUTH CENTER NONE GENERAL CHARITABLE 61 CUMMINGS ROAD, PO BOX 1122 LAKE PLACID, NY 12946 1,000. Total from continuation sheets

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient TICONDEROGA FESTIVAL GUILD NONE GENERAL CHARITABLE PO BOX 125 TICONDEROGA, NY 12883 1,500. TICONDEROGA HERITAGE MUSEUM NONE GENERAL CHARITABLE 137 MONTCALM ST, PO BOX 172 TICONDEROGA, NY 12883 2,100. TRI-LAKES CENTER FOR INDEPENDENT NONE GENERAL CHARITABLE LIVING 43 BROADWAY STREET, SUITE 1 SARANAC LAKE, NY 12983 3,000. UPPER JAY ART CENTER NONE GENERAL CHARITABLE 12198 OLD RT 9N UPPER JAY, NY 12987 3,000. VILLAGE OF SARANAC LAKE NONE GENERAL CHARITABLE 39 MAIN STREET, SUITE 9 SARANAC LAKE, NY 12983 2,500. WHALLONSBURG GRANGE HALL NONE GENERAL CHARITABLE PO BOX 54 ESSEX, NY 12936 19,560. Total from continuation sheets

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2020

CLOUDSPLITTER FOUNDATION 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 X 501(c)(3) exempt private foundation Form 990-PF 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** X 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**

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 (entering "N/A" in column (b) instead of the contributor name and address), 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

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;

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

CLOUDSPLITTER FOUNDATION

Employer identification number

22-2784895

Part I	Contributors (see instructions). Use duplicate copies of Part I is	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	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CLOUDSPLITTER FOUNDATION

22-2784895

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
	15,700 SHARES ROCHE(RHHBY)		
_1			
		\$ 673,059.	12/15/20
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received

Name of organization **Employer identification number** CLOUDSPLITTER FOUNDATION 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

LEGAL	FEES	Si	TATEMENT 1
0.	0.	0.	0.
23,398.	0.	0.	23,398.
23,398.	0.	0.	23,398.
			
TAX	ES	Si	FATEMENT 2
			(D) CHARITABLE PURPOSES
9,277.	0.	0. 0. 0.	0. 9,277. 0.
92,857.	3,580.	0.	9,277.
OTHER E	XPENSES	Sī	PATEMENT 3
(A) EXPENSES PER BOOKS			(D) CHARITABLE PURPOSES
3,156. 344. 4,260. 17,570.	0. 0. 0.	0. 0. 0. 0. 0. 0.	450. 3,156. 344. 4,260. 17,570. 3,087. 2,500.
	(A) EXPENSES PER BOOKS 0. 23,398. 23,398. 23,398. TAX (A) EXPENSES PER BOOKS 3,580. 9,277. 80,000. 92,857. OTHER E (A) EXPENSES PER BOOKS 450. 3,156. 344. 4,260. 17,570. 3,087. 2,500.	EXPENSES PER BOOKS MENT INCOME 0. 0. 23,398. 0. 23,398. 0. TAXES (A) (B) EXPENSES PER BOOKS MENT INCOME 3,580. 3,580. 9,277. 0. 80,000. 0. 92,857. 3,580. OTHER EXPENSES PER BOOKS MENT INCOME (A) (B) EXPENSES MENT INCOME 450. 3,580. 450. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0. 3,156. 0	(A) (B) (C) EXPENSES NET INVEST- ADJUSTED NET INCOME 0. 0. 0. 0. 23,398. 0. 0. TAXES STANDARD NET INVEST- ADJUSTED NET INCOME (A) (B) (C) ADJUSTED NET INVEST- ADJUSTED NET INCOME 3,580. 3,580. 0. 0. 0. 9,277. 0. 0. 0. 0. 0. 92,857. 3,580. 0. 0. OTHER EXPENSES STANDARD NET INCOME (A) (B) (C) ADJUSTED NET INCOME (C) ADJUSTED NET INCOME (C) ADJUSTED NET INCOME (A) (B) (C) ADJUSTED NET INCOME (B) (C) ADJUSTED NET INCOME (A) (B) (C) ADJUSTED NET INCOME (B) (C) ADJUSTED NET INCOME (A) (B) (C) (C) ADJUSTED NET INCO

FORM	990-PF	OTHER	DECREASES	IN NET	r ASSETS	OR	FUND	BALANCES	STATEMENT 4
DESC	RIPTION								AMOUNT
DONATIONS - UNREALIZED GAIN COST ADJUSTMENT							411,760. 10,168.		
тота	L TO FORM	990-PF,	PART III	, LINE	5				421,928.
FORM	990-PF			CORPO	DRATE STO	OCK			STATEMENT 5
DESC	RIPTION						ВС	OOK VALUE	FAIR MARKET VALUE
								411,828.	1,082,848.
TOTA	L TO FORM	990-PF,	PART II,	LINE 1	L0B			411,828.	1,082,848.
FORM	990-PF			OTHER	INVESTME	INTS			STATEMENT 6
DESC	RIPTION				VALUATI METHOD		ВС	OOK VALUE	FAIR MARKET VALUE
					COST			6,643,048.	11,284,099.
TOTA	L TO FORM	990-PF	PART II,	LINE 1	L3			6,643,048.	11,284,099.

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, DEFOUNDATION MANA		STAT	EMENT 7
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
ERNEST E KEET PO BOX 1199, MOIR ROAD LAKE COLBY SARANAC LAKE, NY 12983	TRUSTEE 0.00	0.	0.	0.
NANCY R KEET PO BOX 1199, MOIR ROAD LAKE COLBY SARANAC LAKE, NY 12983	TRUSTEE 0.00	0.	0.	0.
JODI COLLINS KEET 22 GLORY ROAD WESTON, CT 06883	TRUSTEE 0.00	0.	0.	0.
GLENN A KEET 62 MOIR ROAD, PO BOX 1199 SARANAC LAKE, NY 12983	TRUSTEE 0.00	0.	0.	0.
MELISSA EISINGER PO BOX 1199, MOIR ROAD LAKE COLBY SARANAC LAKE, NY 12983	TRUSTEE 0.00	0.	0.	0.
ELLEN ROCCO 811 MAPLE RIDGE ROAD RICHVILLE, NY 13681	TRUSTEE 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 8

ACTIVITY ONE

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).

EXPENSES	
	0.

TO FORM 990-PF, PART IX-A, LINE 1

FORM 990-PF	CASH DEEMED	CHARITABLE	EXPLANATION	STATEMENT	STATEMENT 9
		PART X,	LINE 4		
		PART X,	LINE 4		

\$1,500,000 CASH DEEMED HELD FOR CHARITABLE PURPOSES.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ERNEST E. KEET 62 MOIR ROAD, PO BOX 1357 SARANAC LAKE, NY 12983

TELEPHONE NUMBER

518-218-1221

EMAIL ADDRESS

TRUSTEE@CLOUDSPLITTER.ORG

FORM AND CONTENT OF APPLICATIONS

THE GRANT REQUEST FORM IS ON THE WEBSITE (WWW.CLOUDSPLITTER.ORG)

ANY SUBMISSION DEADLINES

THE 15TH OF MARCH, JUNE, SEPTEMBER AND NOVEMBER FOR AWARDS MADE IN MAY, AUGUST, NOVEMBER AND JANUARY

RESTRICTIONS AND LIMITATIONS ON AWARDS

AWARDS AE GENERALLY RESTRICTED TO THE GREATER ADIRONDACK REGION (AKA NORTH COUNTRY REGION) OF NEW YORK

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

2020

Open to Public Inspection

1.General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2020 and Ending (mm/dd/yyyy) 12/31/2020						
Check if Applicable: Address Change	Name of Organization: CLOUDSPLITTER	FOUNDATION		Employer Identification Number (EIN): 22-2784895		
Name Change	Mailing Address:			NY Registration Number:		
Initial Filing	62 MOIR ROAD,	PO BOX 1357		40-66-27		
Final Filing	City / State / ZIP:			Telephone:		
Amended Filing	SARANAC LAKE,	NY 12983		518 218-1221		
Reg ID Pending	Website:			Email:		
	CLOUDSPLITTER.	ORG				
Check your organization'	•					
registration category:	7A only X EPTL	only DUAL (7A &		Confirm your Registration Category in the Charities Registry at www.charitiesNYS.com .		
2. Certification						
See instructions for certif	ication requirements. Imprope	er certification is a violation	of law that may be subject	to penalties. The certification requires		
two signatories.						
	penalties of perjury that we revi re true, correct and complete in			best of our knowledge and belief, oplicable to this report.		
			ERNEST E K	EET		
President or Authorized			TRUSTEE			
	Signature			e and Title Date		
Objet Financial Officer	T		NANCY KEET TRUSTEE			
Chief Financial Officer o				e and Title Date		
	Signature		FIIII Naiii	e and Title Date		
3. Annual Reporting	g Exemption					
Check the exemption(s) t	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) t	hat apply to your registration,	complete only parts 1, 2, a	nd 3, and submit the certifi	ed Char500. No fee, schedules, or		
additional attachments a	re required. If you cannot clain	n an exemption or are a DU	AL filer that claims only on	e exemption, you must file applicable		
schedules and attachme	nts and pay applicable fees.					
3a. 7A filir	ng exemption: Total contribution	ons from NY State including	g residents, foundations, go	overnment agencies, etc. did not		
	· <u> </u>	d not engage a professiona	al fund raiser (PFR) or fund	raising counsel (FRC) to solicit		
contributi	ons during the fiscal year.					
		ts did not exceed \$25,000	and the market value of ass	sets did not exceed \$25,000 at any time		
during the	e fiscal year.					
4. Schedules and A	ttachments					
	ittaciiiieiits					
See the following page for a checklist of	Yes X No 4a. Did v		faaa:aaal faaal aa:aaa faaal			
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.						
attachments to						
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
5. Fee						
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:			
next page to calculate yo				Make a single check or money order		
fee(s). Indicate fee(s) you				payable to:		
	l l					
are submitting here:	\$	\$ <u>750.</u>	\$ <u>750.</u>	"Department of Law"		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

The Exempt dategory folds to all organizations who registration states. It does not fold to its in that designation.

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

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					
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cordisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from				
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the				
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	0 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 supp	•				
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	required				
Calculate Your Fee					
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?				
	Organizations are assigned a Registration Category upon				
For 7A and DUAL filers, calculate the 7A fee:	registration with the NY Charities Bureau:				
\$0, if you checked the 7A exemption in Part 3a	7A Class and relationed to a Park and Problems in New York				
\$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")				
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.				
\$0, if you checked the EPTL exemption in Part 3b	DUAL filers are registered under both 7A and EPTL.				
\$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	EXEMPT filers have registered with the NY Charities Bureau				
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in <u>Schedule E - Registration</u> Exemption for Charitable Organizations. These				
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 X \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports				
\$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.				
\$1500, II the NET WORTH IS \$50,000,000 or more	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .				
Send Your Filing	www.onanicontro.com.				
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:				
AN 60 000 AN	- IRS Form 990 Part I, line 22				
NYS Office of the Attorney General	- IRS Form 990 EZ Part I, line 21				
Charities Bureau Registration Section	- IRS Form 990 PF, calculate the difference between				
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and				
New York, NY 10005	Total Liabilities (Part II, line 23(b)).				

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

068461 01-07-21 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

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