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CLIENT'S COPY

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

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form 8879-EO

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

CLOUDSPLITTER FOUNDATION

22-2784895

Name and title of officer or person subject to tax

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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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.

Table with 2 columns: Line number and Description. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, and Form 4720. Line 4b shows 56,681.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [] I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize GRAYPOINT LLC to enter my PIN 44457. Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ***** THIS IS NOT A FILEABLE COPY *** Date

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.

14204716162

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 GRAYPOINT LLC Date 07/08/21

ERO Must Retain This Form - See Instructions 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)

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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.

Type or print	Name of exempt organization or other filer, see instructions. CLOUDSPLITTER FOUNDATION	Taxpayer identification number (TIN) 22-2784895
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 62 MOIR ROAD, PO BOX 1357	
	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

Application Is For	Return Code	Application Is For	Return 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
Form 990-PF	04	Form 5227	10
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.

1 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:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 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 any nonrefundable credits. See instructions.	3a	\$ 124,606.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 59,606.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 65,000.

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 instructions.

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

Form **8868** (Rev. 1-2020)

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

Return of Private Foundation

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.

2020

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or tax year beginning , and ending

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) 62 MOIR ROAD, PO BOX 1357	Room/suite	B Telephone number 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"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 26,595,715.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	673,059.			
	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	417,566.	417,566.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	3,664,848.			
	b Gross sales price for all assets on line 6a	13,448,151.			
	7 Capital gain net income (from Part IV, line 2)		3,664,848.		
	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)					
11 Other income					
12 Total. Add lines 1 through 11	4,755,473.	4,082,414.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
	14 Other employee salaries and wages	121,200.	0.	0.	120,200.
	15 Pension plans, employee benefits	3,636.	0.	0.	3,636.
	16a Legal fees	STMT 1 23,398.	0.	0.	23,398.
	b Accounting fees				
	c Other professional fees				
	17 Interest	637.	637.	0.	0.
	18 Taxes	STMT 2 92,857.	3,580.	0.	9,277.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	5,521.	0.	0.	5,521.
	22 Printing and publications				
	23 Other expenses	STMT 3 31,367.	450.	0.	31,367.
	24 Total operating and administrative expenses. Add lines 13 through 23	278,616.	4,667.	0.	193,399.
	25 Contributions, gifts, grants paid	1,321,873.			1,321,873.
26 Total expenses and disbursements. Add lines 24 and 25	1,600,489.	4,667.	0.	1,515,272.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	3,154,984.				
b Net investment income (if negative, enter -0-)		4,077,747.			
c Adjusted net income (if negative, enter -0-)			0.		

Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		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	1,546,680.	13,748,768.	13,748,768.
	3 Accounts receivable ▶ <u>480,000.</u>			
	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			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations	4,682,686.	0.	0.
	b Investments - corporate stock <u>STMT 5</u>	527,710.	411,828.	1,082,848.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other <u>STMT 6</u>	11,313,512.	6,643,048.	11,284,099.	
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	18,550,588.	21,283,644.	26,595,715.	
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			
	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	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds ...	18,550,588.	21,283,644.	
	29 Total net assets or fund balances	18,550,588.	21,283,644.	
30 Total liabilities and net assets/fund balances	18,550,588.	21,283,644.		

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	18,550,588.
2 Enter amount from Part I, line 27a	2	3,154,984.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	21,705,572.
5 Decreases not included in line 2 (itemize) ▶ <u>SEE STATEMENT 4</u>	5	421,928.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	21,283,644.

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.)
1a SCHWAB #5937 LT-D	P		
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 13,448,151.		9,783,303.	3,664,848.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			3,664,848.
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	3,664,848.
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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			

2 Reserved	2	
3 Reserved	3	
4 Reserved	4	
5 Reserved	5	
6 Reserved	6	
7 Reserved	7	
8 Reserved	8	

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	56,681.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	56,681.
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	56,681.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		59,606.
b Exempt foreign organizations - tax withheld at source	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		65,000.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d		7	124,606.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	67,925.
11 Enter the amount of line 10 to be: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	0.

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If 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.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
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 remain in the governing instrument?	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	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <u>NY</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

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

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. Includes questions about disqualifying acts, taxes on failure to distribute income, and business holdings.

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

		Yes	No
5a During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<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	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
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?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<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?		6b	X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<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?	N/A	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.

(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
SEE STATEMENT 7		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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 0

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

3 Five highest-paid independent contractors for professional services. 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 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 8	0.
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 0.

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	15,217,026.
b	Average of monthly cash balances	1b	8,767,479.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	23,984,505.
e	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.

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	1,124,225.
2a	Tax on investment income for 2020 from Part VI, line 5	2a	56,681.
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
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.

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	1,515,272.
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:		
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	1,515,272.
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 qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				1,067,544.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:				
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.			
d Applied to 2020 distributable amount				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 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. Subtract lines 7 and 8 from line 6a	1,518,660.			
10 Analysis of line 9:				
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.			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

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 2020, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2020	(b) 2019	Prior 3 years		
			(c) 2018	(d) 2017	
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					
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).)

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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.

NONE

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.

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 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	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
Name and address (home or business)				
a Paid during the year				
AARCH PO BOX 3903 FREDERICK, MD 21705	NONE		GENERAL CHARITABLE	28,000.
ADIRONDACK CAROUSEL PO BOX 1059 SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	200.
ADIRONDACK CENTER FOR LOON CONSERVATION 15 BROADWAY SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	3,000.
ADIRONDACK CENTER FOR WRITING 52 MAIN STREET, 2ND FLOOR SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	3,500.
ADIRONDACK COMMUNITY OUTREACH CENTER 2718 ST RT 28 NORTH CREEK, NY 12853	NONE		GENERAL CHARITABLE	1,000.
Total			SEE CONTINUATION SHEET(S)	1,321,873.
b Approved for future payment				
NONE				
Total				0.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient	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
Name and address (home or business)				
ADIRONDACK EXPERIENCE 9097 NY-30 BLUE MOUNTAIN LAKE, NY 12812	NONE		GENERAL CHARITABLE	20,000.
ADIRONDACK EXPLORER 36 CHURCH ST #1 SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	15,000.
ADIRONDACK FILM SOCIETY 2430 MAIN ST LAKE PLACID, NY 12946	NONE		GENERAL CHARITABLE	3,000.
ADIRONDACK FOUNDATION PO BOX 288 LAKE PLACID, NY 12946	NONE		GENERAL CHARITABLE	300,000.
ADIRONDACK HAMLETS TO HUTS 47 MAIN STREET SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	1,500.
ADIRONDACK HEALTH FOUNDATION PO BOX 120 SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	22,000.
ADIRONDACK HISTORY MUSEUM 7590 COURT STREET ELIZABETHTOWN, NY 12932	NONE		GENERAL CHARITABLE	4,000.
ADIRONDACK MOUNTAIN CLUB 814 GOGGINS ROAD LAKE GEORGE, NY 12845	NONE		GENERAL CHARITABLE	15,000.
ADIRONDACK RESEARCH CONSORTIUM PO BOX 96 PAUL SMITHS, NY 12970	NONE		GENERAL CHARITABLE	1,500.
ADIRONDACK SKY CENTER & OBSERVATORY PO BOX 1332 TUPPER LAKE, NY 12986	NONE		GENERAL CHARITABLE	25,750.
Total from continuation sheets				1,286,173.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
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
ADIRONDACK WILDLIFE REFUGE 977 SPRINGFIELD ROAD WILMINGTON, NY 12997	NONE		GENERAL CHARITABLE	500.
AMERICAN RED CROSS 2025 E ST NW WASHINGTON, DC 20006	NONE		GENERAL CHARITABLE	10,000.
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	NONE		GENERAL CHARITABLE	1,000.
ANDERSON FALLS HERITAGE SOCIETY 96 CLINTON STREET KEESEVILLE, NY 12944	NONE		GENERAL CHARITABLE	3,000.
APPLEBY FOUNDATION THE LAWS 579 BROADWAY 4B NEW YORK, NY 10012	NONE		GENERAL CHARITABLE	2,000.
ARTA 24000 CASA LOMA RD GROVELAND, CA 95321	NONE		GENERAL CHARITABLE	1,000.
AUSABLE RIVER ASSOCIATION 1181 HASELTON ROAD WILMINGTON, NY 12997	NONE		GENERAL CHARITABLE	26,000.
BALLARD PARK FOUNDATION PO BOX 531 WESTPORT, NY 12993	NONE		GENERAL CHARITABLE	1,000.
BLOOMINGDALE VOLUNTEER FIRE DEPARTMENT 101 HAMBURG TPK BLOOMINGDALE, NJ 07403	NONE		GENERAL CHARITABLE	500.
BLUSEED STUDIOS 24 CEDAR STREET SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	19,000.
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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
CEWW BOCES 1585 MILITARY TPKE PLATTSBURGH, NY 12901	NONE		GENERAL CHARITABLE	50,000.
CONCERNS FOR POLICE SURVIVORS PO BOX 3199 CAMDENTON, MO 65020	NONE		GENERAL CHARITABLE	1,000.
CORNELL COOPERATIVE EXTENSION 24 MARTIN RD, WILLIAM RICE JR. EXT. CTR. VOORHEESVILLE, NY 12186	NONE		GENERAL CHARITABLE	14,603.
CRAIGARDAN 9216 NYS RT 9N ELIZABETHTOWN, NY 12932	NONE		GENERAL CHARITABLE	10,000.
CRANE MOUNTAIN VALLEY HORSE RESCUE 7556 NYS ROUTE 9N WESTPORT, NY 12993	NONE		GENERAL CHARITABLE	10,000.
CWS-CROP WALK 475 RIVERSIDE DR, SUITE 700 NEW YORK, NY 10115	NONE		GENERAL CHARITABLE	250.
DELTA LAKE INC. 6420 PILLMORE DRIVE ROME, NY 13440	NONE		GENERAL CHARITABLE	5,000.
DOCTORS WITHOUT BORDERS USA 40 RECTOR ST., 16TH FLOOR NEW YORK, NY 10006	NONE		GENERAL CHARITABLE	500.
EAGLE ISLAND 442 GILPIN BAY ROAD SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	5,000.
ECUMENICAL COUNCIL OF SARANAC LAKE PO BOX 194 SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	2,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
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
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	NONE		GENERAL CHARITABLE	1,000.
ESSEX COUNTY ARTS COUNCIL PO BOX 187 WESTPORT, NY 12993	NONE		GENERAL CHARITABLE	500.
FAMILIES FIRST 80 JOSEPH E. LOWERY BOULEVARD, NW ATLANTA, GA 30314	NONE		GENERAL CHARITABLE	1,000.
FIELD AND FORK NETWORK 487 MAIN STREET, SUITE 200 BUFFALO, NY 14203	NONE		GENERAL CHARITABLE	50,000.
FIRST NIGHT SARANAC LAKE PO BOX 326 SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	300.
FORT TICONDEROGA 102 FORT TI RD TICONDEROGA, NY 12883	NONE		GENERAL CHARITABLE	500.
FRIENDS OF POKE-O-MOONSHINE 1599 RT 95 PO BOX 546 KEESEVILLE, NY 12944	NONE		GENERAL CHARITABLE	1,500.
GLENS FALLS AREA YOUTH CENTER 60 MONTCALM STREET GLENS FALLS, NY 12801	NONE		GENERAL CHARITABLE	5,000.
GREAT CAMP SAGAMORE PO BOX 40 RAQUETTE LAKE, NY 13436	NONE		GENERAL CHARITABLE	500.
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	NONE		GENERAL CHARITABLE	500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
HIGH PEAKS HOSPICE PO BOX 840 SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	5,000.
HUDSON HEADWATERS HEALTH NETWORK 9 CAREY RD QUEENSBURY, NY 12804	NONE		GENERAL CHARITABLE	50,000.
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	3,000.
KEENE VALLEY LIBRARY PO BOX 86 1796 RT 73 KEENE VALLEY, NY 12943	NONE		GENERAL CHARITABLE	2,500.
LAKE GEORGE LAND CONSERVANCY 4905 LAKE SHORE DR BOLTON LANDING, NY 12814	NONE		GENERAL CHARITABLE	10,000.
LAKE GEORGE MUSIC FESTIVAL 172 OTTAWA ST LAKE GEORGE, NY 12845	NONE		GENERAL CHARITABLE	2,000.
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN DR LAKE PLACID, NY 12946	NONE		GENERAL CHARITABLE	500.
LAKE PLACID OLYMPIC MUSEUM 2634 MAIN STREET LAKE PLACID, NY 12946	NONE		GENERAL CHARITABLE	500.
LAKE PLACID OUTING CLUB 34 SCHOOL STREET LAKE PLACID, NY 12946	NONE		GENERAL CHARITABLE	1,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
LAKESIDE SCHOOL 6 LEANING ROAD ESSEX, NY 12936	NONE		GENERAL CHARITABLE	5,000.
LITERACH VOLUNTEERS 303 CAYUGA RD, SUITE 180 CHEEKTOWAGA, NY 14225	NONE		GENERAL CHARITABLE	5,000.
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY RD LAKE PLACID, NY 12946	NONE		GENERAL CHARITABLE	7,000.
NATIONAL PARK FOUNDATION 1110 VERMONT AVE, SUITE 200 WASHINGTON, DC 20005	NONE		GENERAL CHARITABLE	2,000.
NATIONAL PARKS CONSERVATION ASSOCIATION 777 6TH STREET NW, SUITE 700 WASHINGTON, DC 20001	NONE		GENERAL CHARITABLE	1,000.
NEW YORK NEWSPAPERS FOUNDATION 252 HUDSON AVE ALBANY, NY 12210	NONE		GENERAL CHARITABLE	250.
NORTH COUNTRY CHILDREN'S MUSEUM 10 RAYMOND ST POTSDAM, NY 13676	NONE		GENERAL CHARITABLE	3,000.
NORTH COUNTRY LIFE FLIGHT HELMS MUELLER RD SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	500.
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY CANTON, NY 13617	NONE		GENERAL CHARITABLE	15,000.
NORTHEAST WILDERNESS TRUST 17 STATE ST #302 MONTPELIER, VT 05602	NONE		GENERAL CHARITABLE	50,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
NORTHERN FOREST ATLAS NORTHERN FOREST ATLAS FOUNDATION LAKE PLACID, NY 12946	NONE		GENERAL CHARITABLE	50,000.
NORTHERN FOREST CENTER 18 N MAIN ST #204 CONCORD, NH 03301	NONE		GENERAL CHARITABLE	1,000.
NORTHERN LIGHTS SCHOOL 57 CHURCH STREET SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	14,700.
NORTHWOOD SCHOOL 92 NORTHWOOD RD LAKE PLACID, NY 12946	NONE		GENERAL CHARITABLE	5,000.
NRDC 40 WEST 20TH STREET, 11TH FLOOR NEW YORK, NY 10011	NONE		GENERAL CHARITABLE	500.
NYSEF 5021 STATE ROUTE 86 WILMINGTON, NY 12997	NONE		GENERAL CHARITABLE	3,000.
OPEN DOOR MISSION 156 N PLYMOUTH AVENUE ROCHESTER, NY 14608	NONE		GENERAL CHARITABLE	25,000.
PARKS AND TRAILS NEW YORK 33 ELK ST 1ST FLOOR REAR ALBANY, NY 12207	NONE		GENERAL CHARITABLE	3,000.
PAUL SMITH'S COLLEGE PO BOX 265, 7777 NY-30 PAUL SMITHS, NY 12970	NONE		GENERAL CHARITABLE	5,000.
PENDRAGON THEATRE 15 BRANDY BROOK AVENUE SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	2,500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
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

3 Grants and Contributions Paid During the Year (Continuation)

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
SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22314	NONE		GENERAL CHARITABLE	1,000.
SARANAC LAKE ARTWORKS PO BOX 145 SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	3,000.
SARANAC LAKE CENTRAL SCHOOL 79 CANARAS AVENUE SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	4,000.
SARANAC LAKE FIRE DEPARTMENT 100 BROADWAY, PO BOX 509 SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	200.
SARANAC LAKE FREE LIBRARY 109 MAIN ST SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	500.
SARANAC LAKE MODEL UN CLUB 79 CANARAS AVENUE SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	500.
SARANAC LAKE ROTARY PO BOX 628 SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	500.
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	2,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
SHINE ON 4040 ESPLANADE WAY, SUITE 270 TALLAHASSEE, FL 32399	NONE		GENERAL CHARITABLE	5,000.
SHINGLE SHANTY PRESERVE PO BOX 732 TUPPER LAKE, NY 12986	NONE		GENERAL CHARITABLE	1,500.
SNOWSLIP FOUNDATION PO BOX 991 LAKE PLACID, NY 12946	NONE		GENERAL CHARITABLE	5,000.
STRATTON MOUNTAIN SCHOOL WORLD CUP CIRCLE STRATTON MOUNTAIN, VT 05155	NONE		GENERAL CHARITABLE	5,000.
TAUNY 53 MAIN STREET CANTON, NY 13617	NONE		GENERAL CHARITABLE	6,000.
THE ANDREW GOODMAN FOUNDATION P.O. BOX 394 MAHWAH, NJ 07430	NONE		GENERAL CHARITABLE	50,000.
THE BRIGID PROJECT 907 CASEY ROAD SARANAC LAKE, NY 12981	NONE		GENERAL CHARITABLE	4,000.
THE COMMUNITY LUNCH BOX 136 MAIN STREET SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	2,000.
THE WILD CENTER 45 MUSEUM DRIVE TUPPER LAKE, NY 12986	NONE		GENERAL CHARITABLE	5,000.
THOMAS SHIPMAN YOUTH CENTER 61 CUMMINGS ROAD, PO BOX 1122 LAKE PLACID, NY 12946	NONE		GENERAL CHARITABLE	1,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
TICONDEROGA FESTIVAL GUILD PO BOX 125 TICONDEROGA, NY 12883	NONE		GENERAL CHARITABLE	1,500.
TICONDEROGA HERITAGE MUSEUM 137 MONTCALM ST, PO BOX 172 TICONDEROGA, NY 12883	NONE		GENERAL CHARITABLE	2,100.
TRI-LAKES CENTER FOR INDEPENDENT LIVING 43 BROADWAY STREET, SUITE 1 SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	3,000.
UPPER JAY ART CENTER 12198 OLD RT 9N UPPER JAY, NY 12987	NONE		GENERAL CHARITABLE	3,000.
VILLAGE OF SARANAC LAKE 39 MAIN STREET, SUITE 9 SARANAC LAKE, NY 12983	NONE		GENERAL CHARITABLE	2,500.
WHALLONSBURG GRANGE HALL PO BOX 54 ESSEX, NY 12936	NONE		GENERAL CHARITABLE	19,560.
Total from continuation sheets				

Schedule B

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

Department of the Treasury
Internal Revenue Service

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

2020

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 (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 ▶ \$ _____

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
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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	\$ 673,059.	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.)
		\$ _____	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
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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	15,700 SHARES ROCHE (RHHBY) _____ _____ _____	\$ 673,059.	12/15/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization CLOUDSPLITTER FOUNDATION	Employer identification number 22-2784895
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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 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 990-PF

LEGAL FEES

STATEMENT 1

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	0.	0.	0.	0.
WHITEMAN OSTERMAN & HANNA LLP	23,398.	0.	0.	23,398.
TO FM 990-PF, PG 1, LN 16A	23,398.	0.	0.	23,398.

FORM 990-PF

TAXES

STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SCHWAB #5937 - FOREIGN TAXES	3,580.	3,580.	0.	0.
PAYROLL TAXES	9,277.	0.	0.	9,277.
FEDERAL TAXES PAID	80,000.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	92,857.	3,580.	0.	9,277.

FORM 990-PF

OTHER EXPENSES

STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES	450.	450.	0.	450.
PAYROLL PROCESSING FEES	3,156.	0.	0.	3,156.
TRAINING	344.	0.	0.	344.
INSURANCE	4,260.	0.	0.	4,260.
ADVERTISING	17,570.	0.	0.	17,570.
SUPPLIES AND GENERAL SPONSORSHIP	3,087. 2,500.	0. 0.	0. 0.	3,087. 2,500.
TO FORM 990-PF, PG 1, LN 23	31,367.	450.	0.	31,367.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
DONATIONS - UNREALIZED GAIN	411,760.
COST ADJUSTMENT	10,168.
TOTAL TO FORM 990-PF, PART III, LINE 5	421,928.

FORM 990-PF CORPORATE STOCK STATEMENT 5

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
	411,828.	1,082,848.
TOTAL TO FORM 990-PF, PART II, LINE 10B	411,828.	1,082,848.

FORM 990-PF OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
	COST	6,643,048.	11,284,099.
TOTAL TO FORM 990-PF, PART II, LINE 13		6,643,048.	11,284,099.

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
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.

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

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

0.

FORM 990-PF

CASH DEEMED CHARITABLE EXPLANATION STATEMENT
PART X, LINE 4

STATEMENT 9

\$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 ARE GENERALLY RESTRICTED TO THE GREATER ADIRONDACK REGION (AKA NORTH
COUNTRY REGION) OF NEW YORK

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

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)).