

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 01/01/2021 and ending 12/31/2021

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

EIN or SSN

CLOUDSPITTER 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

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	<u>4,145.</u>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038CP, Part III, line 22)	10b	_____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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

I authorize GRAYPOINT LLC to enter my PIN 44457 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 ▶

Date ▶ 06/09/2022

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 2021 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 ▶

Date ▶ 06/09/2022

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public Inspection

For calendar year 2021 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)	Room/suite	B Telephone number (see instructions) (518) 218-1221											
City or town, state or province, country, and ZIP or foreign postal code SARANAC LAKE, NY 12983		C If exemption application is pending, check here. <input type="checkbox"/> D 1. Foreign organizations, check here. <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input type="checkbox"/>											
G Check all that apply: <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr><td><input type="checkbox"/></td><td>Initial return</td><td><input type="checkbox"/></td><td>Initial return of a former public charity</td></tr> <tr><td><input type="checkbox"/></td><td>Final return</td><td><input type="checkbox"/></td><td>Amended return</td></tr> <tr><td><input type="checkbox"/></td><td>Address change</td><td><input type="checkbox"/></td><td>Name change</td></tr> </table>			<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"/>
<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										
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation													
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 34,273,737.		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)											

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)				
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	6,296,600.			
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	310,021.	310,021.		
5a Gross rents				
b Net rental income or (loss) _____				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a _____				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain.				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	6,606,621.	310,021.		
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	NONE			
14 Other employee salaries and wages	131,252.			131,252.
15 Pension plans, employee benefits	3,938.			3,938.
16a Legal fees (attach schedule) STMT 1	41,279.	NONE	NONE	41,279.
b Accounting fees (attach schedule)				
c Other professional fees (attach schedule)	5,500.			5,500.
17 Interest STMT 2	66.	66.		
18 Taxes (attach schedule) (see instructions). * *	85,615.	10,552.		10,063.
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings	779.			779.
22 Printing and publications				
23 Other expenses (attach schedule) STMT 4	31,733.	1,235.		31,733.
24 Total operating and administrative expenses. Add lines 13 through 23.	300,162.	11,853.	NONE	224,544.
25 Contributions, gifts, grants paid	1,443,526.			1,443,526.
26 Total expenses and disbursements. Add lines 24 and 25	1,743,688.	11,853.	NONE	1,668,070.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	4,862,933.			
b Net investment income (if negative, enter -0-)		298,168.		
c Adjusted net income (if negative, enter -0-)			-0-	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year		End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	13,748,767.	12,443,123.	12,443,123.	
	3	Accounts receivable ▶ 691,978.				
		Less: allowance for doubtful accounts ▶	480,000.	691,978.	691,978.	
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U.S. and state government obligations (attach schedule) . .				
	b	Investments - corporate stock (attach schedule) . STMT 5 . .	411,828.	1,678,468.	5,706,343.	
	c	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶ (attach schedule)				
12	Investments - mortgage loans					
13	Investments - other (attach schedule) STMT 6 . .	6,643,048.	8,603,048.	15,432,293.		
14	Land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶ (attach schedule)					
15	Other assets (describe ▶)					
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	21,283,643.	23,416,617.	34,273,737.		
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons . .				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶)				
23	Total liabilities (add lines 17 through 22)	NONE	NONE			
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/>					
	and complete lines 24, 25, 29, and 30.					
	24	Net assets without donor restrictions				
	25	Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/>					
	and complete lines 26 through 30.					
	26	Capital stock, trust principal, or current funds				
	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
28	Retained earnings, accumulated income, endowment, or other funds . .	21,283,644.	23,416,617.			
29	Total net assets or fund balances (see instructions)	21,283,644.	23,416,617.			
30	Total liabilities and net assets/fund balances (see instructions)	21,283,644.	23,416,617.			

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	21,283,644.
2	Enter amount from Part I, line 27a	2	4,862,933.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	26,146,577.
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 7	5	2,729,960.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	23,416,617.

Part IV Capital Gains and Losses for Tax on Investment Income

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

Part V 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)	1	4,145.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	
3	Add lines 1 and 2	3	4,145.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	4,145.
6	Credits/Payments:		
a	2021 estimated tax payments and 2020 overpayment credited to 2021	6a	67,925.
b	Exempt foreign organizations - tax withheld at source	6b	NONE
c	Tax paid with application for extension of time to file (Form 8868)	6c	NONE
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	67,925.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
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	63,780.
11	Enter the amount of line 10 to be: Credited to 2022 estimated tax 63,780. Refunded	11	

Part VI-A Statements Regarding Activities

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?
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
c Did the foundation file Form 1120-POL for this year?
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers.
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
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?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b If "Yes," has it filed a tax return on Form 990-T for this year?
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered.
8b 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 General Instruction G?
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 2021 or the tax year beginning in 2021?
10 Did any persons become substantial contributors during the tax year?
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)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of GRAYPOINT LLC Telephone no. 518-218-1221 Located at PO BOX 38016 ALBANY, NY ZIP+4 12203
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.
16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

Part VI-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?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)?	1a(5)	X
(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.)	1a(6)	X
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	1b	
c Organizations relying on a current notice regarding disaster assistance, check here. <input type="checkbox"/>		
d 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 2021?	1d	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)):		
a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	X
If "Yes," list the years ▶ _____, _____, _____, _____		
b 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.)	2b	X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after 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 2021.)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b 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 2021?	4b	X

Part VI-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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
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		
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).		X
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		X
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?		

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8		NONE	NONE	NONE

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

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

Total number of other employees paid over \$50,000 NONE

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

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1 contains 'NONE' in column (a). Total number of others receiving over \$50,000 for professional services is NONE.

Part VIII-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activities, Expenses. Row 1: PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPORT, BY CONTRIBUTIONS, OTHER CHARITABLE ORGANIZATIONS EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AS WELL AS CHILDCARE EXCELLENCE AWARDS TO PARTICIPANTS IN THE QUALITYSTARSNY PROGRAM.

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

Table with 2 columns: Description of investments, Amount. Row 1: NONE. Row 2: All other program-related investments. See instructions. Row 3: NONE. Total. Add lines 1 through 3.

Part IX 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	13,774,022.
b	Average of monthly cash balances	1b	13,194,240.
c	Fair market value of all other assets (see instructions).	1c	NONE
d	Total (add lines 1a, b, and c)	1d	26,968,262.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	26,968,262.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).	4	1,500,000.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	25,468,262.
6	Minimum investment return. Enter 5% (0.05) of line 5.	6	1,273,413.

Part X 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 IX, line 6.	1	1,273,413.
2a	Tax on investment income for 2021 from Part V, line 5.	2a	4,145.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b.	2c	4,145.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,269,268.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,269,268.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	1,269,268.

Part XI 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	1,668,070.
b	Program-related investments - total from Part VIII-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	1,668,070.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				1,269,268.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only.				
b Total for prior years: 20 19 ,20 18 ,20 17				
3 Excess distributions carryover, if any, to 2021:				
a From 2016 46,965.				
b From 2017 403,881.				
c From 2018 190,718.				
d From 2019 229,368.				
e From 2020 447,728.				
f Total of lines 3a through e	1,318,660.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 1,668,070.				
a Applied to 2020, but not more than line 2a . . .				
b Applied to undistributed income of prior years (Election required - see instructions).				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2021 distributable amount.				1,269,268.
e Remaining amount distributed out of corpus. . .	398,802.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,717,462.			
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022.				NONE
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions) . . .	46,965.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	1,670,497.			
10 Analysis of line 9:				
a Excess from 2017 . . . 403,881.				
b Excess from 2018 . . . 190,718.				
c Excess from 2019 . . . 229,368.				
d Excess from 2020 . . . 447,728.				
e Excess from 2021 . . . 398,802.				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) NOT APPLICABLE

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, 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	Prior 3 years			(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, 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 IX, 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 XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

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

ERNEST E. KEET, NANCY KEET

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

N/A

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

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

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

SEE STATEMENT 13

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

SEE STATEMENT 14

c Any submission deadlines:

SEE STATEMENT 15

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

SEE STATEMENT 16

Part XIV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year SEE STATEMENT 17				1,443,526.
Total ► 3a				1,443,526.
b Approved for future payment				
Total ► 3b				

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, etc.

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

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes.

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

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

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

- 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?
b If "Yes," complete the following schedule.

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

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

Sign Here: ERNEST E KEET, Signature of officer or trustee; 06/09/2022, Date; TRUSTEE, Title. May the IRS discuss this return with the preparer shown below? See instructions. [X] Yes [] No

Paid Preparer Use Only: Print/Type preparer's name DANIEL G PIAZZA; Preparer's signature DANIEL G PIAZZA; Date 06/09/2022; Check self-employed [] if PTIN P00037900; Firm's name GRAYPOINT LLC; Firm's EIN 16-1627374; Firm's address 4 TOWER PL STE 1001 ALBANY, NY 12203-3721; Phone no. 518-218-1221

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

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

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), 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), 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).

Name of organization <p style="text-align: center;">CLOUDSPLITTER FOUNDATION</p>	Employer identification number <p style="text-align: center;">22-2784895</p>
---	---

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 SARANAC LAKE, NY 12983	\$ 4,196,600.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	ERNEST & NANCY KEET 62 MOIR ROAD SARANAC LAKE, NY 12983	\$ 2,100,000.	Person <input checked="" 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 <p style="text-align: center;">CLOUDSPLITTER FOUNDATION</p>	Employer identification number <p style="text-align: center;">22-2784895</p>
---	---

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	40,000 SHARES PFIZER (PFE) AND 40,000 SHARES ROCHE (RHHBY)	\$ 4,196,600.	12/14/2021
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

FORM 990PF, PART I - LEGAL FEES
 =====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
HODGSON RUSS ATTORNEYS	41,279.			41,279.
TOTALS	41,279.	NONE	NONE	41,279.
	=====	=====	=====	=====

FORM 990PF, PART I - INTEREST EXPENSE
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
SCHWAB #5937 - INV INT EXPENSE	66.	66.
TOTALS	66.	66.
	=====	=====

FORM 990PF, PART I - TAXES
 =====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	CHARITABLE PURPOSES -----
PAYROLL TAXES	10,063.		10,063.
SCHWAB #5937 - FOREIGN TAXES	10,552.	10,552.	
FEDERAL TAXES PAID	65,000.		
TOTALS	----- 85,615. =====	----- 10,552. =====	----- 10,063. =====

FORM 990PF, PART I - OTHER EXPENSES
 =====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	
SCHWAB #5937 - ADR FEES	1,235.	1,235.	
PAYROLL PROCESSING FEES	2,949.		
INSURANCE	2,884.		
ADVERTISING	17,449.		
SUPPLIES AND GENERAL	5,716.		
NYS FILING FEE	1,500.		
	-----	-----	-----
TOTALS	31,733.	1,235.	31,733.
	=====	=====	=====

FORM 990PF, PART II - CORPORATE STOCK

=====

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
-----	-----	---
SCHWAB #5937	1,678,468.	5,706,343.
TOTALS	1,678,468.	5,706,343.
	=====	=====

FORM 990PF, PART II - OTHER INVESTMENTS

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	ENDING FMV ---
SCHWAB #5937	8,603,048.	15,432,293.
TOTALS	----- 8,603,048. =====	----- 15,432,293. =====

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

DESCRIPTION -----	AMOUNT -----
DONATION - UNREALIZED GAIN	2,729,960.
TOTAL	----- 2,729,960. =====

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

=====

OFFICER NAME:
ERNEST E KEET

ADDRESS:
62 MOIR ROAD

SARANAC LAKE, NY 12983

TITLE:
TRUSTEE

COMPENSATION	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE

OFFICER NAME:
NANCY R KEET

ADDRESS:
62 MOIR ROAD

SARANAC LAKE, NY 12983

TITLE:
TRUSTEE

COMPENSATION	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE

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

=====

OFFICER NAME:
JODI COLLINS KEET

ADDRESS:
22 GLORY ROAD

WESTON, CT 06883

TITLE:
TRUSTEE

COMPENSATION	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE

OFFICER NAME:
GLENN A KEET

ADDRESS:
69 RIVERVIEW ROAD

GLOUCESTER, MA 01930

TITLE:
TRUSTEE

COMPENSATION	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE

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

=====

OFFICER NAME:
MELISSA EISINGER

ADDRESS:
62 MOIR ROAD

SARANAC LAKE, NY 12983

TITLE:
TRUSTEE

COMPENSATION	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE

OFFICER NAME:
ELLEN ROCCO

ADDRESS:
811 MAPLE RIDGE ROAD

RICHVILLE, NY 13681

TITLE:
TRUSTEE

COMPENSATION	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE

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

=====

OFFICER NAME:
HOLLY WOLFF

ADDRESS:
1066 KIWASSA LAKE ROAD
SARANAC LAKE, NY 12983

TITLE:
TRUSTEE

COMPENSATION	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE

OFFICER NAME:
DIANE W FISH

ADDRESS:
6 FAIRVIEW WAY
KEENE, NY 12942

TITLE:
TRUSTEE

COMPENSATION	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE

TOTAL COMPENSATION:	NONE
	=====

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

=====

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: NONE
=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES: NONE
=====

FORM 990PF, PART XIV - NAME, ADDRESS AND PHONE FOR APPLICATIONS
=====

CHENELLE PALYSWIAT
PO BOX 1357
SARANAC LAKE, NY 12983
518-992-4900

990PF, PART XIV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS
=====

THE GRANT REQUEST FORM IS ON THE WEBSITE (WWW.CLOUDSPLITTER.ORG)
CHILDHOOD EXCELLENCE AWARDS PROCESS CAN ALSO BE FOUND ON THE ABOVE
WEBSITE.

990PF, PART XIV - SUBMISSION DEADLINES
=====

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

990PF, PART XIV - RESTRICTIONS OR LIMITATIONS ON AWARDS

=====

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

THE CLOUDSPLITTER FOUNDATION HAS CREATED A CHILDCARE EXCELLENCE AWARD PROGRAM TO RECOGNIZE THOSE DEDICATED EDUCATORS WHO HAVE DEMONSTRATED COMMITMENT TO BOTH PROVIDING HIGH QUALITY EARLY CHILDCARE EDUCATION FOR CHILDREN AGED BIRTH TO THREE YEARS AND CONTINUALLY IMPROVING THE STANDARDS OF EDUCATION AND CARE THEY PROVIDE. ONE OBJECTIVE OF THE AWARD PROGRAM IS TO IMPROVE CHILDHOOD EDUCATION AND EARLY CHILDHOOD EDUCATION OUTCOMES BY PROMOTING PARTICIPATION BY EDUCATORS IN THE QUALITYSTARSNY TRAINING AND CERTIFICATION PROGRAM. A SECOND OBJECTIVE, IN ADDITION TO RECOGNIZING THE HARD WORK AND DEDICATION OF EARLY CHILDCARE EDUCATORS, IS TO FOSTER CONTINUED IMPROVEMENT AND RETENTION OF SUCH HIGH-QUALITY EDUCATORS. ELIGIBLE PARTICIPANTS MAY BE NOMINATED FOR MULTIPLE \$2,000 CASH AWARDS AS THEY PROGRESS THROUGH THE QUALITYSTARSNY PROGRAM.

THE CHILDCARE EXCELLENCE AWARDS ARE AN OUTGROWTH OF CLOUDSPLITTER'S CONTINUED INVESTMENT IN THE ADIRONDACK BIRTH-TO-THREE (BT3) ALLIANCE.

ADMINISTERED THROUGH THE ADIRONDACK FOUNDATION, THE BT3 ALLIANCE HAS, AMONG OTHER ACCOMPLISHMENTS, EXPANDED ACCESS TO QUALITYSTARSNY PROGRAMS AND HELPED TO FUND A REGIONAL QUALITYSTARSNY IMPROVEMENT SPECIALIST FOR THE NORTH COUNTRY.

THIS PILOT PROGRAM WILL MEASURE THE IMPACT OF CASH ACHIEVEMENT AWARDS ON RECRUITING, RETENTION, AND QUALITY IMPROVEMENT. THE INITIAL 125 AWARDS WILL BE MADE AVAILABLE THROUGH THE CLOUDSPLITTER FOUNDATION. ADDITIONAL FUNDERS ARE BEING ENCOURAGED TO JOIN THE PROGRAM TO MAKE MORE AWARDS AVAILABLE.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

1% FOR THE PLANET

ADDRESS:

50 LAKESIDE AVENUE #341

BURLINGTON, VT 05401

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

AARCH

ADDRESS:

1745 MAIN STREET

KEESEVILLE, NY 12944

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 36,500.

RECIPIENT NAME:

ACTION INC.

ADDRESS:

180 MAIN STREET

GLOUCESTER, MA 01930

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

ADIRONDACK CAROUSEL

ADDRESS:

PO BOX 1059
2 DEPOT STREET
SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 200.

RECIPIENT NAME:

ADIRONDACK CENTER FOR WRITING

ADDRESS:

15 BROADWAY

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 7,500.

RECIPIENT NAME:

ADIRONDACK COMMUNITY OUTREACH CENTER

ADDRESS:

2718 ST RT 28

NORTH CREEK, NY 12853

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

ADIRONDACK EXPLORER

ADDRESS:

36 CHURCH ST

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 20,000.

RECIPIENT NAME:

ADIRONDACK FILM SOCIETY

ADDRESS:

2403 MAIN ST

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

ADIRONDACK FOUNDATION

ADDRESS:

PO BOX 288

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 15,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

ADIRONDACK HAMLETS TO HUTS

ADDRESS:

47 MAIN ST

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 3,000.

RECIPIENT NAME:

ADIRONDACK HARVEST FESTIVAL

ADDRESS:

8487 US ROUTE 9

LEWIS, NY 12950

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:

ADIRONDACK HEALTH FOUNDATION

ADDRESS:

PO BOX 120

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 376,700.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

ADIRONDACK LAKES CENTER FOR THE ARTS

ADDRESS:

PO BOX 205

BLUE MOUNTAIN LAKE, NY 12812

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 4,500.

RECIPIENT NAME:

ADIRONDACK RESEARCH CONSORTIUM

ADDRESS:

PO BOX 96

PAUL SMITHS, NY 12970

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,500.

RECIPIENT NAME:

ADIRONDACK WILD

ADDRESS:

PO BOX 9247

NISKAYUNA, NY 12309

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 3,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

ADK ACTION

ADDRESS:

PO BOX 64

KEESEVILLE, NY 12944

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 25,664.

RECIPIENT NAME:

AIDS COUNCIL OF NORTHEASTERN NEW YORK

ADDRESS:

927 BROADWAY

ALBANY, NY 12207

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 2,500.

RECIPIENT NAME:

AIM SERVICES

ADDRESS:

4227 RT 50

SARATOGA SPRINGS, NY 12866

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

AKWESASNE BOYS & GIRLS CLUB

ADDRESS:

PO BOX 490

AKWESASNE, NY 13655

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 4,000.

RECIPIENT NAME:

ALICE HYDE MEDICAL CENTER

ADDRESS:

133 PARK STREET

MALONE, NY 12953

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

ALL HANDS AND HEARTS

ADDRESS:

6 COUNTY RD

SUITE 6

MATTAPoisETT, MA 02739

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 25,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

AMERICARES

ADDRESS:

88 HAMILTON AVE

STAMFORD, CT 06902

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:

ARC JEFFERSON - ST LAWRENCE

ADDRESS:

6 COMMERCE LANE

CANTON, NY 13617

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 2,000.

RECIPIENT NAME:

ARC ONEIDA LEWIS

ADDRESS:

245 GENESEE

UTICA, NY 13501

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 25,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

ARTA

ADDRESS:

24000 CASA LOMA RD

GROVELAND, CA 95321

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 10,000.

RECIPIENT NAME:

AUSABLE RIVER ASSOCIATION

ADDRESS:

PO BOX 8

WILMINGTON, NY 12997

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 15,000.

RECIPIENT NAME:

BALLARD PARK FOUNDATION

ADDRESS:

PO BOX 96

WESTPORT, NY 12993

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

BIG BROTHER BIG SISTER OF SOUTHERN ADKS

ADDRESS:

1 LAWRENCE STREET
SUITE 1B
GLEN FALLS, NY 12801

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,535.

RECIPIENT NAME:

BLUSEED

ADDRESS:

24 CEDAR STREET

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 3,000.

RECIPIENT NAME:

CANARY (THE WORKER'S LAB)

ADDRESS:

1111 BROADWAY FLOOR 3

OAKLAND, CA 94607

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 25,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

CAP-21 - LIVINGADK

ADDRESS:

PO BOX 642

OLD FORGE, NY 13420

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 20,000.

RECIPIENT NAME:

CARE

ADDRESS:

151 ELLIS STREET NE

ATLANTA, GA 30303

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

CHILD CARE COORDINATING COUNCIL OF NORTH COUNTRY

ADDRESS:

PO BOX 2640

PLATTSBURGH, NY 12901

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

PRIDE OF TICONDEROGA

ADDRESS:

PO BOX 348

TICONDEROGA, NY 12883

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 22,000.

RECIPIENT NAME:

CHURCHES OF CANTON (CHURCH & COMMUNITY PROGRAM)

ADDRESS:

PO BOX 55

CANTON, NY 13617

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:

THE COMMUNITY LUNCHBOX

ADDRESS:

136 MAIN STREET

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 2,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

CORNELL COOPERATIVE EXTENSION

ADDRESS:

24 MARTIN RD., WILLIAM RICE JR. EXT. CTR.

VOORHEESVILLE, NY 12186

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 3,000.

RECIPIENT NAME:

CRANE MOUNTAIN VALLEY HORSE RESCUE

ADDRESS:

7556 NYS ROUTE 9N

WESTPORT, NY 12993

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 6,000.

RECIPIENT NAME:

CREATIVE HEALING CONNECTIONS

ADDRESS:

PO BOX 165

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 2,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

CURE PORCH ON WHEELS

ADDRESS:

89 CHURCH STREET SUITE 2

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 2,000.

RECIPIENT NAME:

DEPOT THEATRE

ADDRESS:

6705 MAIN ST

WESTPORT, NY 12993

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

DOCTORS WITHOUT BORDERS USA

ADDRESS:

40 RECTOR ST., 16TH FLOOR

NEW YORK, NY 10006

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

ENVIRONMENTAL DEFENSE FUND

ADDRESS:

257 PARK AVENUE SOUTH

NEW YORK, NY 10010

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:

ESSEX COUNTY ARTS COUNCIL

ADDRESS:

PO BOX 187

WESTPORT, NY 12993

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

RECIPIENT NAME:

FAMILIES FIRST

ADDRESS:

80 JOSEPH E. LOWERY BOULEVARD, NW

ATLANTA, GA 30314

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

FAMILY SERVICE ASSOCIATION OF GLENS FALLS INC.

ADDRESS:

150 WARREN STREET

GLENS FALLS, NY 12801

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 3,000.

RECIPIENT NAME:

FAMILY YMCA OF THE GLENS FALLS AREA - YMCA ADK

ADDRESS:

148 TANNERY ROAD

BRANT LAKE, NY 12815

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

FIELD AND FORK NETWORK

ADDRESS:

487 MAIN STREET, SUITE 200

BUFFALO, NY 14203

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 50,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

FORT TICONDEROGA

ADDRESS:

102 FORT TI ROAD

TICONDEROGA, NY 12883

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

RECIPIENT NAME:

GLENS FALLS AREA YOUTH CENTER

ADDRESS:

60 MONTCALM STREET

GLENS FALLS, NY 12801

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABEL

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

GLENS FALLS SYMPHONY

ADDRESS:

PO BOX 2036

GLENS FALLS, NY 12801

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 7,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:
GREAT CAMP SAGAMORE
ADDRESS:
PO BOX 40

RAQUETTE LAKE, NY 13436
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,500.

RECIPIENT NAME:
HEALING GRACE PERINATAL HOSPICE
ADDRESS:
62 BRINKERHOFF STREET, SUITE 104

PLATTSBURGH, NY 12901
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 3,000.

RECIPIENT NAME:
HEALTH WORKFORCE COLLABORATIVE
ADDRESS:
20 DUNCAN STREET

WARSAW, NY 14569
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 10,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

HEIFER INTERNATIONAL

ADDRESS:

1 WORLD AVENUE

LITTLE ROCK, AR 72202

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:

HERITAGE CHRISTIAN SERVICES

ADDRESS:

130 JOHN MUIR DRIVE, SUITE 106

AMHERST, NY 14228

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:

HIGH PEAKS HOSPICE

ADDRESS:

PO BOX 840

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

HISTORIC SARANAC LAKE

ADDRESS:

89 CHURCH STREET, SUITE 2

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 50,000.

RECIPIENT NAME:

HOUSING ASSISTANCE PROGRAM OF ESSEX COUNTY

ADDRESS:

103 HAND AVENUE

ELIZABETHTOWN, NY 12932

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 25,000.

RECIPIENT NAME:

SARANAC LAKE ROTARY

ADDRESS:

PO BOX 628

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 6,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

INDIAN LAKE THEATER

ADDRESS:

13 W MAIN STREET

INDIAN LAKE, NY 12842

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 6,000.

RECIPIENT NAME:

JOHN BROWN LIVES

ADDRESS:

PO BOX 357

WESTPORT, NY 12993

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 14,000.

RECIPIENT NAME:

JOHNSBURG HISTORICAL SOCIETY

ADDRESS:

PO BOX 144

WEVERTOWN, NY 12886

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 4,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

KEENE VALLEY LIBRARY

ADDRESS:

PO BOX 86

KEENE VALLEY, NY 12943

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

LAKE GEORGE MUSIC FESTIVAL

ADDRESS:

172 OTTAWA STREET

LAKE GEORGE, NY 12845

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 2,500.

RECIPIENT NAME:

LAKE PLACID OLYMPIC MUSEUM

ADDRESS:

2634 MAIN STREET

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

LAKE PLACID OUTING CLUB

ADDRESS:

34 SCHOOL STREET

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:

LAKE PLACID SINFONIETTA

ADDRESS:

PO BOX 1303

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 3,000.

RECIPIENT NAME:

LAKE PLACID - NORTH ELBA HISTORICAL SOCIETY

ADDRESS:

PO BOX 189

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:
LAKESIDE SCHOOL
ADDRESS:
6 LEANING ROAD

ESSEX, NY 12936
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:
LAND TRUST ALLIANCE
ADDRESS:
1250 H STREET NW, SUITE 600

WASHINGTON, DC 20005
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 200.

RECIPIENT NAME:
LEWIS COUNTY HISTORICAL SOCIETY
ADDRESS:
7552 SOUTH STATE STREET

LOWVILLE, NY 13367
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 3,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

LONG LAKE CENTRAL SCHOOL

ADDRESS:

20 SCHOOL LANE

LONG LAKE, NY 12847

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

LAKE PLACID CENTER FOR THE ARTS

ADDRESS:

17 ALGONQUIN DRIVE

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 20,000.

RECIPIENT NAME:

LUZERNE MUSIC CENTER

ADDRESS:

203 LAKE TOUR ROAD

LAKE LUZERNE, NY 12846

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 10,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

MERCY CARE FOR THE ADIRONDACKS

ADDRESS:

185 OLD MILITARY ROAD

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 16,000.

RECIPIENT NAME:

MOUNTAIN LAKE SERVICES

ADDRESS:

10 ST. PATRICK'S PLACE

PORT HENRY, NY 12974

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 4,500.

RECIPIENT NAME:

NATIONAL PARK FOUNDATION

ADDRESS:

1110 VERMONT AVENUE, SUITE 200

WASHINGTON, DC 20005

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 2,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:
NATIONAL PARKS CONSERVATION ASSOCIATION
ADDRESS:
777 6TH STREET NW, SUITE 700

WASHINGTON, DC 20001

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:
NATURAL RESOURCES DEFENSE COUNCIL
ADDRESS:
40 WEST 20TH STREET, 11TH FLOOR

NEW YORK, NY 10011

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

RECIPIENT NAME:
NCCC FOUNDATION
ADDRESS:
23 SANTANONI AVENUE

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

NORTH COUNTRY PUBLIC RADIO

ADDRESS:

ST. LAWRENCE UNIVERSITY

CANTON, NY 13617

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:

NEW YORK NEWS PUBLISHERS ASSOCIATION

ADDRESS:

252 HUDSON AVENUE

ALBANY, NY 12210

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

NORTH COUNTRY CHILDREN'S MUSEUM

ADDRESS:

10 RAYMOND STREET

POTSDAM, NY 13676

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 3,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

NORTH COUNTRY LIFE FLIGHT

ADDRESS:

49 HELMS-MUELLER ROAD

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

RECIPIENT NAME:

NORTHEAST WILDERNESS TRUST

ADDRESS:

17 STATE STREET, SUITE 302

MONTPELIER, VT 05602

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

NORTHERN FOREST ATLAS

ADDRESS:

NORTHERN FOREST ATLAS FOUNDATION

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CONTRIBUTION

AMOUNT OF GRANT PAID..... 5,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

NORTHERN FOREST CENTER

ADDRESS:

18 N MAIN ST #204

CONCORD, NH 03301

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:

NORTHWOOD SCHOOL

ADDRESS:

92 NORTHWOOD RD

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 10,000.

RECIPIENT NAME:

NYSEF

ADDRESS:

5021 STATE ROUTE 86

WILMINGTON, NY 12997

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 3,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

OPEN SPACE INSTITUTE

ADDRESS:

1350 BROADWAY, SUITE 201

NEW YORK, NY 10018

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 50,000.

RECIPIENT NAME:

PARTNERS IN HEALTH

ADDRESS:

800 BOYLSTON STREET, SUITE 300

BOSTON, MA 02199

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

RECIPIENT NAME:

PENDRAGON THEATRE

ADDRESS:

15 BRANDY BROOK AVENUE

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

PLATTSBURGH CARES

ADDRESS:

PO BOX 1932

PLATTSBURGH, NY 12901

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 6,000.

RECIPIENT NAME:

PLATTSBURGH UNITED METHODIST CHURCH

ADDRESS:

127 BEEKMAN STREET

PLATTSBURGH, NY 12901

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 25,000.

RECIPIENT NAME:

REGIONAL FOOD BANK NENY

ADDRESS:

965 ALBANY-SHAKER ROAD

LATHAM, NY 12110

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

RURAL PRESERVATION COMPANY

ADDRESS:

48 GANONG DRIVE, SUITE 1

SARANAC, NY 12981

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

SALVATION ARMY

ADDRESS:

615 SLATERS LANE

ALEXANDRIA, VA 22314

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:

ECUMENICAL COUNCIL OF SARANAC LAKE

ADDRESS:

PO BOX 194

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 8,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

SARANAC LAKE VOLUNTEER RESCUE SQUAD

ADDRESS:

110 BROADWAY

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 30,200.

RECIPIENT NAME:

SARANAC LAKE ARTWORKS

ADDRESS:

PO BOX 145

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 6,000.

RECIPIENT NAME:

SARANAC LAKE FREE LIBRARY

ADDRESS:

109 MAIN STREET

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

SARANAC LAKE FIRE DEPARTMENT

ADDRESS:

100 BROADWAY, PO BOX 509

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 200.

RECIPIENT NAME:

SARANAC LAKE YOUTH CENTER

ADDRESS:

PO BOX 1003

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 2,000.

RECIPIENT NAME:

SCHROON LAKE CENTRAL SCHOOL

ADDRESS:

PO BOX 338

SCHROON LAKE, NY 12870

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 4,877.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

SEAGLE MUSIC COLONY

ADDRESS:

PO BOX 366

SCHROON LAKE, NY 12870

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 13,000.

RECIPIENT NAME:

SHINE ON

ADDRESS:

4040 ESPLANADE WAY, SUITE 270

TALLAHASSEE, FL 32399

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

SARANAC LAKE LOCAL DEVELOPMENT CORPORATION

ADDRESS:

39 MAIN STREET, SUITE 9

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 4,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

SONGS AT MIRROR LAKE

ADDRESS:

MID'S PARK

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:

ST. LAWRENCE COUNTY ARTS COUNCIL

ADDRESS:

PO BOX 252

POTSDAM, NY 13676

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

STRATTON MOUNTAIN SCHOOL

ADDRESS:

WORLD CUP CIRCLE

STRATTON MOUNTAIN, VT 05155

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

TAHAWUS CULTURAL CENTER

ADDRESS:

PO BOX 984

AU SABLE FORKS, NY 12912

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 2,000.

RECIPIENT NAME:

TAUNY

ADDRESS:

53 MAIN STREET

CANTON, NY 13617

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 6,000.

RECIPIENT NAME:

THE BRIGID PROJECT

ADDRESS:

907 CASEY ROAD

SARANAC LAKE, NY 12981

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 4,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

THE SEMBRICH

ADDRESS:

PO BOX 417

BOLTON LANDING, NY 12814

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 4,000.

RECIPIENT NAME:

THE STRAND CENTER FOR THE ARTS

ADDRESS:

23 BRINKERHOFF STREET

PLATTSBURGH, NY 12901

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

THE WILD CENTER

ADDRESS:

45 MUSEUM DRIVE

TUPPER LAKE, NY 12986

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

TICONDEROGA AREA BACKPACK PROGRAM

ADDRESS:

10 TEMPERANCE PT

TICONDEROGA, NY 12883

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 12,500.

RECIPIENT NAME:

TICONDEROGA EMS

ADDRESS:

118 CHAMPLAIN AVENUE

TICONDEROGA, NY 12883

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 4,000.

RECIPIENT NAME:

TICONDEROGA FESTIVAL GUILD

ADDRESS:

PO BOX 125

TICONDEROGA, NY 12883

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 6,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:
TOWN OF JOHNSBURG
ADDRESS:
219 MAIN STREET

NORTH CREEK, NY 12853
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:
TUPPER LAKE YOUTH ACTIVITIES
ADDRESS:
25 CHANEY AVENUE

TUPPER LAKE, NY 12986
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 2,500.

RECIPIENT NAME:
TRI LAKE CENTER FOR INDEPENDENT LIVING
ADDRESS:
43 BROADWAY, SUITE 1

SARANAC LAKE, NY 12983
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 3,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

TRUDEAU INSTITUTE

ADDRESS:

154 ALGONQUIN AVENUE

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 50,000.

RECIPIENT NAME:

UNION OF CONCERNED SCIENTISTS

ADDRESS:

TWO BRATTLE SQUARE, SUITE 6

CAMBRIDGE, MA 02138

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:

UNITED WAY OF THE ADIRONDACKS

ADDRESS:

45 TOM MILLER ROAD

PLATTSBURGH, NY 12901

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

UPPER JAY ARTS CENTER

ADDRESS:

12198 OLD RTE 9N

UPPER JAY, NY 12987

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 4,200.

RECIPIENT NAME:

SARANAC LAKE VILLAGE IMPROVEMENT SOCIETY

ADDRESS:

PO BOX 702

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

RECIPIENT NAME:

WESTPORT FIRE DISTRICT

ADDRESS:

PO BOX 465

WESTPORT, NY 12993

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 2,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

WHALLONSBURG GRANGE HALL

ADDRESS:

PO BOX 54

ESSEX, NY 12936

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

RECIPIENT NAME:

NATURE WALKS CONSERVATION SOCIETY

ADDRESS:

PO BOX 116

TYNGSBORO, MA 01879

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 20,000.

RECIPIENT NAME:

WORLD AWARENESS CHILDREN'S MUSEUM

ADDRESS:

89 WARREN STREET

GLENS FALLS, NY 12801

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 2,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

BETA

ADDRESS:

1920 SIDNEY STREET

SAINT LOUIS, MO 63104

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 6,000.

RECIPIENT NAME:

CHURCH WORLD SERVICE INC. - CROP WALK

ADDRESS:

PO BOX 968

ELKHART, IN 46515

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 250.

RECIPIENT NAME:

NATIONAL MULTIPLE SCLEROSIS SOCIETY

ADDRESS:

PO BOX 91891

WASHINGTON, DC 20090

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

COMMUNITY HEALTH CENTER OF THE NORTH

ADDRESS:

4 COMMERCE LN

CANTON, NY 13617

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 6,000.

RECIPIENT NAME:

KEESEVILLE COMMUNITY DEVELOPMENT CORPORATION

ADDRESS:

313 DELANCEY AVE

MAMARONECK, NY 10543

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:

LIFEWAY CHURCH

ADDRESS:

2426 ROUTE 11 N

BANGOR, NY 12966

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 4,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

ST. AGNES SCHOOL

ADDRESS:

2322 SARANAC AVE

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

KM CHILDCARE (CHILDCARE EXCELLENCE AWARDS)

ADDRESS:

S PERU ST

PLATTSBURGH, NY 12901

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 2,000.

RECIPIENT NAME:

THE LIL' SCHOOL (CHILDCARE EXCELLENCE AWARDS)

ADDRESS:

63 RIVER ST

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 14,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

ADIRONDACK HELPING HANDS (CHILDCARE EXCELLENCE)

ADDRESS:

2075 ROUTE 3

CADYVILLE, NY 12918

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 58,000.

TOTAL GRANTS PAID: 1,443,526.

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Graypoint LLC
4 Tower Pl Ste 1001
Albany, NY 12203-3721
Fax: 518-218-1295

Cloudsplitter Foundation
Instructions for Filing
Form CHAR500
New York State Annual Filing for Charitable Organizations
For the year ended December 31, 2021

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

File the signed return by June 30, 2022 with:

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

A check or money order payable to "Department of Law" in the amount of \$750 should be attached to the return. Be sure to include the federal EIN and "2021 Form CHAR500" on the check.

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

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

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

2021
Open to Public
Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01 / 01 / **2021** and Ending (mm/dd/yyyy) 12 / 31 / 2021

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

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

2. Certification

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

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	<u>ERNEST E KEET</u>	<u>TRUSTEE</u>
Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:	<u>NANCY R KEET</u>	<u>TRUSTEE</u>
Signature	Print Name and Title	Date

3. Annual Reporting Exemption

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

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

4. Schedules and Attachments

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

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ _____	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>750.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

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

Page 1

CHAR500

Annual Filing Checklist

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

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

Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

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

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

- Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
- Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021. If the fiscal year begins before that date, an Audit Report is required if total revenue and support is 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)).

CHAR500

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

2021
Open to Public
Inspection

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

Definitions

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

1. Organization Information

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

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

3. Contract Information

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

Services provided by FRP:

5. Description of Compensation

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

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



Taxpayer ID:

Taxpayer name:

You must file this New York State corporation tax return electronically.

Individual taxpayers and paid preparers who use software to prepare their returns or their clients' returns, but file on paper, are subject to penalties.

E-filing has many advantages:

- It is fast, easy, and secure.
- There are no additional costs. Once you've paid for your New York State tax preparation software, you can e-file your New York State return for **free**.

90% of New Yorkers enjoy the benefits of e-filing.

If you are a corporation:

Because you prepared this New York State tax return using software, you **must** file it electronically.

If you are a paid preparer:

Because you prepared this return using software, you must e-file it. If you file a paper New York State tax return, you will be in violation of New York State law and subject to penalties.

If you are a corporation that used a paid preparer:

Since your preparer used software to prepare this return, it must be e-filed. If your tax return preparer gave you a paper New York State tax return with instructions to mail it, contact them and request that they file it electronically.

There is no charge for e-filing:

New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.

If you cannot e-file you must include Form CT-2:

If an individual corporation or a paid preparer does not meet the requirements to e-file, a software-generated Form CT-2, *Corporation Tax Return Summary*, **must** be included with the paper return to ensure the return is considered processible.

Questions?

Visit our website for more information about New York's e-file mandate.