

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2022, or fiscal year beginning _____ and ending _____

2022

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>7,756.</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 2022 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 2022 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 2022 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 07/05/2023

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 2022 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 _____

**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** (2022)

For calendar year **2022** 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"/>
G Check all that apply:		D 1. Foreign organizations, check here. <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation. <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	E If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/>
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input type="checkbox"/>
<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) \$ 28,243,159.		
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)	NONE			
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B.				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	588,250.	588,250.		
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	588,250.	588,250.		
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	NONE			
14 Other employee salaries and wages	143,373.			143,373.
15 Pension plans, employee benefits	4,301.			4,301.
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule)				
c Other professional fees (attach schedule)	23,771.			23,771.
17 Interest	248.	248.		
18 Taxes (attach schedule) (see instructions). **	38,773.	28,096.		10,677.
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) STMT. 3	43,323.	1,941.		43,323.
24 Total operating and administrative expenses. Add lines 13 through 23.	253,789.	30,285.		225,445.
25 Contributions, gifts, grants paid	1,757,872.			1,757,872.
26 Total expenses and disbursements. Add lines 24 and 25	2,011,661.	30,285.		1,983,317.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-1,423,411.			
b Net investment income (if negative, enter -0-)		557,965.		
c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	12,443,123.	3,593,858.	3,593,858.
	3	Accounts receivable 785,748.			
		Less: allowance for doubtful accounts _____	691,978.	785,748.	785,748.
	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 4 . .	1,678,468.	1,678,468.	4,582,605.
	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 5 . .	8,603,048.	15,935,132.	19,280,948.	
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)	23,416,617.	21,993,206.	28,243,159.	
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 . .	23,416,617.	21,993,206.	
	29	Total net assets or fund balances (see instructions)	23,416,617.	21,993,206.	
	30	Total liabilities and net assets/fund balances (see instructions)	23,416,617.	21,993,206.	

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	23,416,617.
2	Enter amount from Part I, line 27a	2	-1,423,411.
3	Other increases not included in line 2 (itemize) _____	3	
4	Add lines 1, 2, and 3	4	21,993,206.
5	Decreases not included in line 2 (itemize) _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	21,993,206.

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.						(l) 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	7,756.
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	7,756.
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	7,756.
6	Credits/Payments:		
a	2022 estimated tax payments and 2021 overpayment credited to 2022	6a	63,780.
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	63,780.
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	56,024.
11	Enter the amount of line 10 to be: Credited to 2023 estimated tax 56,024. Refunded	11	

Part VI-A Statements Regarding Activities

		Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	1b		X
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ (2) On foundation managers. \$ _____			
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? If "Yes," attach a detailed description of the activities.	2		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	5		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>NY,</u>			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>CLOUDSPLITTER.ORG</u>	13	X	
14 The books are in care of <u>GRAYPOINT LLC</u> Telephone no. <u>518-218-1221</u> Located at <u>PO BOX 38016 ALBANY, NY</u> ZIP+4 <u>12203</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16 At any time during calendar year 2022, 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	16		X

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.

Table with 3 columns: Question, Yes, No. Rows include 1a(1) through 4b, covering questions about disqualifying acts, disaster assistance, and business holdings.

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).		
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.		X
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?		
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?		X

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 6		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)

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	NONE	

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPORT, BY CONTRIBUTIONS, OTHER CHARITABLE ORGANIZATIONS EXEMPT	
2 UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AS WELL AS CHILDCARE EXCELLENCE AWARDS TO PARTICIPANTS IN THE QUALITYSTARSNY PROGRAM.	
3 _____	
4 _____	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
2 _____	
All other program-related investments. See instructions.	
3 NONE	
Total. Add lines 1 through 3	

Part 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	23,201,861.
b	Average of monthly cash balances	1b	6,361,784.
c	Fair market value of all other assets (see instructions).	1c	NONE
d	Total (add lines 1a, b, and c)	1d	29,563,645.
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	29,563,645.
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	28,063,645.
6	Minimum investment return. Enter 5% (0.05) of line 5.	6	1,403,182.

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	1,403,182.
2a	Tax on investment income for 2022 from Part V, line 5.	2a	7,756.
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b.	2c	7,756.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,395,426.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,395,426.
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	1,395,426.

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	1,983,317.
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	1,983,317.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				1,395,426.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only.			NONE	
b Total for prior years: 20 20 ,20 19 ,20 18				
3 Excess distributions carryover, if any, to 2022:				
a From 2017	403,881.			
b From 2018	190,718.			
c From 2019	229,368.			
d From 2020	447,728.			
e From 2021	398,802.			
f Total of lines 3a through e	1,670,497.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 1,983,317.				
a Applied to 2021, but not more than line 2a . . .			NONE	
b Applied to undistributed income of prior years (Election required - see instructions).				
c Treated as distributions out of corpus (Election required - see instructions)	1,448,160.			
d Applied to 2022 distributable amount.				535,157.
e Remaining amount distributed out of corpus. . .	NONE			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	860,269.			860,269.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,258,388.			
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 2021. Subtract line 4a from line 2a. Taxable amount - see instructions			NONE	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023.				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 2017 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	2,258,388.			
10 Analysis of line 9:				
a Excess from 2018	190,718.			
b Excess from 2019	229,368.			
c Excess from 2020	447,728.			
d Excess from 2021	398,802.			
e Excess from 2022	991,772.			

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 2022, enter the date of the ruling

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

	Tax year				(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
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 9

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

SEE STATEMENT 10

c Any submission deadlines:

SEE STATEMENT 11

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

SEE STATEMENT 12

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
<i>a Paid during the year</i> SEE STATEMENT 13				1,757,872.
Total				3a 1,757,872.
<i>b Approved for future payment</i>				
Total				3b

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? Yes No

b If "Yes," complete the following schedule.

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

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

Sign Here ERNEST E KEET 07/05/2023 TRUSTEE
Signature of officer or trustee Date Title
May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only Print/Type preparer's name DANIEL PIAZZA Preparer's signature DANIEL PIAZZA Date 07/05/2023 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. 518-641-6860

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
SCHWAB #5937 - INV INT EXPENSE	248.	248.
TOTALS	248.	248.
	=====	=====

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	CHARITABLE PURPOSES -----
PAYROLL TAXES	10,677.		10,677.
SCHWAB #5937 - FOREIGN TAXES	28,096.	28,096.	
TOTALS	----- 38,773. =====	----- 28,096. =====	----- 10,677. =====

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	CHARITABLE PURPOSES -----
SCHWAB #5937 - ADR FEES	1,941.	1,941.	1,941.
PAYROLL PROCESSING FEES	2,886.		2,886.
INSURANCE	4,462.		4,462.
ADVERTISING	19,048.		19,048.
SUPPLIES AND GENERAL	14,236.		14,236.
NYS FILING FEE	750.		750.
TOTALS	----- 43,323. =====	----- 1,941. =====	----- 43,323. =====

FORM 990PF, PART II - CORPORATE STOCK

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	ENDING FMV ---
SCHWAB #5937	1,678,468.	4,582,605.
TOTALS	----- 1,678,468. =====	----- 4,582,605. =====

FORM 990PF, PART II - OTHER INVESTMENTS

=====

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
-----	-----	---
SCHWAB #5937	15,935,132.	19,280,948.
TOTALS	----- 15,935,132.	----- 19,280,948.
	=====	=====

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

OFFICER NAME:
NANCY R KEET

ADDRESS:
62 MOIR ROAD

SARANAC LAKE, NY 12983

TITLE:
TRUSTEE

OFFICER NAME:
JODI COLLINS KEET

ADDRESS:
22 GLORY ROAD

WESTON, CT 06883

TITLE:
TRUSTEE

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

=====

OFFICER NAME:
GLENN A KEET

ADDRESS:
69 RIVERVIEW ROAD

GLOUCESTER, MA 01930

TITLE:
TRUSTEE

OFFICER NAME:
MELISSA EISINGER

ADDRESS:
62 MOIR ROAD

SARANAC LAKE, NY 12983

TITLE:
TRUSTEE

OFFICER NAME:
ELLEN ROCCO

ADDRESS:
811 MAPLE RIDGE ROAD

RICHVILLE, NY 13681

TITLE:
TRUSTEE

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

OFFICER NAME:
DIANE W FISH

ADDRESS:
6 FAIRVIEW WAY

KEENE, NY 12942

TITLE:
TRUSTEE

TOTAL COMPENSATION: NONE
=====

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

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

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

CHENELLE PALYSWIAT
PO BOX 1357
SARANAC LAKE, NY 12983
518-992-4900
DIRECTOR@CLOUDSPLITTER.ORG

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 OR 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. PROPOSED AWARDEES ARE NOMINATED BY AN INDEPENDENT COMMITTEE MADE UP ENTIRELY OF REPRESENTATIVES OF QUALITYSTARSNY AND THE CHILDCARE COORDINATING COUNCIL OF THE NORTH COUNTRY.

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:

ADIRONDACK HELPING HANDS (CHILDCARE EXCELLENCE)

ADDRESS:

2075 ROUTE 3

CADYVILLE, NY 12918

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

GLENS FALLS AREA YOUTH CENTER

ADDRESS:

60 MONTCALM STREET

GLENS FALLS, NY 12801

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 12,000.

RECIPIENT NAME:

STRATTON MOUNTAIN SCHOOL

ADDRESS:

7 WORLD CUP CIRCLE

STRATTON MOUNTAIN, VT 05155

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:

LAKE GEORGE MUSIC FESTIVAL

ADDRESS:

7 STONE PINE LANE

QUEENSBURY, NY 12804

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

TUPPER ARTS

ADDRESS:

106 PARK ST

TUPPER LAKE, NY 12986

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 29,000.

RECIPIENT NAME:

JOHN BROWN LIVES

ADDRESS:

PO BOX 357

WESTPORT, NY 12993

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

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

=====

RECIPIENT NAME:

KEENE VALLEY LIBRARY

ADDRESS:

1796 NYS ROUTE 73

KEENE VALLEY, NY 12943

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 6,620.

RECIPIENT NAME:

AMERICAN RED CROSS

ADDRESS:

431 18TH STREET NW

WASHINGTON, DC 20006

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

ADIRONDACK MOUNTAIN CLUB

ADDRESS:

814 GOGGINS ROAD

LAKE GEORGE, NY 12845

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

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

=====

RECIPIENT NAME:

SHIPMAN YOUTH CENTER OF LAKE PLACID

ADDRESS:

61 CUMMINGS ROAD

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

EAGLE ISLAND

ADDRESS:

442 GILPIN BAY RD

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

ADIRONDACK EXPLORER

ADDRESS:

36 CHURCH STREET

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:

NORTHERN FOREST CENTER

ADDRESS:

18 N MAIN STREET, SUITE 204

CONCORD, NH 03301

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

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..... 200.

RECIPIENT NAME:

NRDC

ADDRESS:

40 W 20TH STREET

NEW YORK, NY 10011

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:

ADIRONDACK CENTER FOR WRITING

ADDRESS:

PO BOX 956

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

FAMILY YMCA OF THE GLENS FALLS AREA

ADDRESS:

600 GLEN STREET

GLENS FALLS, NY 12801

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

ADIRONDACK COUNCIL

ADDRESS:

103 HAND AVE, SUITE 3

ELIZABETHTOWN, NY 12932

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:

BALLARD PARK FOUNDATION

ADDRESS:

PO BOX 96

WESTPORT, NY 12993

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

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:

NORTHEAST WILDERNESS TRUST

ADDRESS:

17 STATE STREET, SUITE 302

MONTPELIER, VT 05602

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 75,000.

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

=====

RECIPIENT NAME:

NORTHERN FOREST CANOE TRAIL

ADDRESS:

831 MILLBROOK RD

WAITSFIELD, VT 05673

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

AARCH

ADDRESS:

1745 MAIN STREET

KEESEVILLE, NY 12944

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

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.

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

=====

RECIPIENT NAME:

ALLIANCE FOR POSITIVE HEALTH

ADDRESS:

977 BROADWAY

ALBANY, NY 12207

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

ST. LAWRENCE ARTS COUNCIL

ADDRESS:

PO BOX 252

POTSDAM, NY 13676

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

SILVER BAY YMCA

ADDRESS:

87 SILVER BAY ROAD

SILVER BAY, NY 12874

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:

TICONDEROGA BACKPACK PROGRAM

ADDRESS:

10 TEMPERANCE PT

TICONDEROGA, NY 12883

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARTIABLE

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

RECIPIENT NAME:

TRUDEAU INSTITUTE

ADDRESS:

154 ALGONQUIN AVE

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK

ADDRESS:

965 ALBANY-SHAKER ROAD

LATHAM, NY 12110

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:

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:

OPEN SPACE INSTITUTE

ADDRESS:

1350 BROADWAY, SUITE 201

NEW YORK, NY 10018

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

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..... 10,000.

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

=====

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.

RECIPIENT NAME:

WHALLONSBURG GRANGE HALL

ADDRESS:

1610 NYS ROUTE 22

ESSEX, NY 12936

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

RECIPIENT NAME:

NORTH COUNTRY HOME SERVICES

ADDRESS:

25 CHURCH STREET

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 17,400.

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

=====

RECIPIENT NAME:

CENTER FOR DISABILITY SERVICES

ADDRESS:

314 SOUTH MANNING BLVD

ALBANY, NY 12208

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

SARANAC LAKE FREE LIBRARY

ADDRESS:

109 MAIN ST

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

RECIPIENT NAME:

1814 COMMEMORATION INC.

ADDRESS:

PO BOX 2549

PLATTSBURGH, NY 12901

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:

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.

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..... 11,000.

RECIPIENT NAME:

DOCTORS WITHOUT BORDERS

ADDRESS:

40 RECTOR STREET, 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:
PENDRAGON INC.

ADDRESS:
15 BRANDY BROOK AVE

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 125,000.

RECIPIENT NAME:
MCGIVNEY COMMUNITY CENTER

ADDRESS:
338 STILLMAN STREET

BRIDGEPORT, CT 06610

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:
FAMILIES FIRST

ADDRESS:
196 WATER STREET

ELIZABETHTOWN, NY 12932

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 FILM SOCIETY

ADDRESS:

PO BOX 489

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

PAUL SMITH'S COLLEGE

ADDRESS:

PO BOX 265

PAUL SMITHS, NY 12970

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 183,248.

RECIPIENT NAME:

ENVIRONMENTAL DEFENSE FUND

ADDRESS:

1875 CONNECTICUT AVENUE NW

SUITE 600

WASHINGTON, DC 20009

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:

ESSEX COUNTY ARTS COUNCIL

ADDRESS:

PO BOX 187

WESTPORT, NY 12993

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

ADIRONDACK FOUNDATION

ADDRESS:

PO BOX 288

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 40,000.

RECIPIENT NAME:

JCEO

ADDRESS:

54 MARGARET STREET

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:

VILLAGE IMPROVEMENT SOCIETY OF SARANAC LAKE

ADDRESS:

PO BOX 702

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

RECIPIENT NAME:

THE FAMILY COUNSELING CENTER

ADDRESS:

11-21 BROADWAY

GLOVERSVILLE, NY 12078

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

THE BRIGID PROJECT

ADDRESS:

PO BOX 222

SARANAC, 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 HUB ON THE HILL
ADDRESS:
545 MIDDLE ROAD

ESSEX, NY 12936
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:
FORT TICONDEROGA
ADDRESS:
PO BOX 390

TICONDEROGA, NY 12883
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

RECIPIENT NAME:
ECUMENICAL COUNCIL OF SARANAC LAKE INC.
ADDRESS:
PO BOX 194

SARANAC LAKE, NY 12983
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 8,213.

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

=====

RECIPIENT NAME:

THE OPEN DOOR

ADDRESS:

28 EMERSON AVENUE

GLOUCESTER, MA 01930

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

NORTH COUNTRY LIFE FLIGHT INC.

ADDRESS:

49 HELMS-MUELLER ROAD

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

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.

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

=====

RECIPIENT NAME:

TAUNY

ADDRESS:

53 MAIN STREET

CANTON, NY 13617

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

ADKACTION

ADDRESS:

PO BOX 64

KEESEVILLE, NY 12944

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

ADIRONDACK CAROUSEL

ADDRESS:

PO BOX 1059

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:

CHURCH OF THE ASCENSION

ADDRESS:

12 W 11TH STREET

NEW YORK, NY 10011

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

LITTLE PEAKS

ADDRESS:

PO BOX 261

KEENE, NY 12942

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 100,000.

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..... 20,000.

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..... 5,000.

RECIPIENT NAME:

RCC ST. ALEXANDER'S

ADDRESS:

PO BOX 159

MORRISONVILLE, NY 12962

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

SARANAC LAKE CIVIC CENTER

ADDRESS:

213 AMPERSAND AVENUE

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 100,000.

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

=====

RECIPIENT NAME:

UPPER JAY ART CENTER

ADDRESS:

12198 OLD ROUTE 9N

UPPER JAY, NY 12987

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 9,000.

RECIPIENT NAME:

WESTPORT LIBRARY ASSOCIATION

ADDRESS:

PO BOX 436

WESTPORT, NY 12993

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 5,191.

RECIPIENT NAME:

COMMUNITY CONNECTIONS OF FRANKLIN COUNTY

ADDRESS:

7 PEARL STREET

MALONE, NY 12953

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:

SALVATION ARMY

ADDRESS:

615 SLATERS LANE

ALEXANDRIA, VA 22314

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

TAHAWUS CULTURAL CENTER

ADDRESS:

14234 ROUTE 9N

AU SABLE FORKS, NY 12912

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

MUSIC ON THE GREEN (VILLAGE OF SARANAC LAKE)

ADDRESS:

39 MAIN ST., 2ND FLOOR

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:

SEAGLE MUSIC FESTIVAL

ADDRESS:

999 CHARLEY HILL RD

SCHROON LAKE, NY 12870

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

AMERICARES

ADDRESS:

88 HAMILTON AVENUE

STAMFORD, CT 06902

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

USA NORDIC SPORT

ADDRESS:

PO BOX 982331

PARK CITY, UT 84098

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:

SARANAC LAKE YOUTH CENTER

ADDRESS:

PO BOX 1003

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

HOUSING ASSISTANCE PROGRAM OF ESSEX COUNTY

ADDRESS:

PO BOX 157

ELIZABETHTOWN, NY 12932

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

FRANKLIN COUNTY LDC

ADDRESS:

355 W MAIN STREET, SUITE 428

MALONE, NY 12953

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 29,000.

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

=====

RECIPIENT NAME:

LAKE PLACID SINFONIETTA

ADDRESS:

17 ALGONQUIN DRIVE

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

ADIRONDACK ECONOMIC DEVELOPMENT CORPORATION

ADDRESS:

67 MAIN STREET, SUITE 300

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 17,000.

RECIPIENT NAME:

ADIRONDACK HAMLETS TO HUTS

ADDRESS:

47 MAIN STREET

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:

ADIRONDACK HOUSING DEVELOPMENT CORPORATION

ADDRESS:

14 KIWASSA RD

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

ADIRONDACK INSTITUTE

ADDRESS:

100 GLEN STREET, SUITE 1A

GLENS FALLS, NY 12801

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

CHAMPLAIN AREA TRAILS

ADDRESS:

6482 MAIN STREET

WESTPORT, NY 12993

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:

CORNELL COOPERATIVE EXTENSION

ADDRESS:

6064 ROUTE 22, SUITE 5

PLATTSBURGH, NY 12901

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 4,800.

RECIPIENT NAME:

CRAIGARDAN

ADDRESS:

9216 NEW YORK 9N

ELIZABETHTOWN, NY 12932

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

HOMESTEAD DEVELOPMENT CORPORATION

ADDRESS:

70 TRILLIUM DR

LAKE PLACID, NY 12946

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:

LAKE PLACID COMMUNITY DAY

ADDRESS:

2693 MAIN STREET

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

NORTH COUNTRY WORKFORCE PARTNERSHIP

ADDRESS:

194 US OVAL

PLATTSBURGH, NY 12903

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

SARANAC LAKE ROTARY FOUNDATION

ADDRESS:

PO BOX 628

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 8,150.

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

=====

RECIPIENT NAME:

SARANAC LAKE CENTRAL SCHOOL DISTRICT

ADDRESS:

79 CANARAS AVENUE

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

SLICK

ADDRESS:

122 BREEZY ACRES LANE

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

TICONDEROGA MONTCALM STREET PARTNERSHIP

ADDRESS:

94 MONTCALM ST, SUITE 1

TICONDEROGA, NY 12883

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:

WADHAMS VOLUNTEER FIRE DEPARTMENT

ADDRESS:

775 COUNTY ROUTE 22

PARISH, NY 13131

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

TICONDEROGA REVITALIZATION ALLIANCE

ADDRESS:

PO BOX 247

TICONDEROGA, NY 12883

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

TOWN OF FRANKLIN

ADDRESS:

554 MAIN STREET

FRANKLIN, NY 13775

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 HEALTHY HEART NETWORK

ADDRESS:

132 BLOOMINGDALE AVE, SUITE 2

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

COLLABORATIVE ORTHOTIC AND PROSTHETIC CARE ALLIANC

ADDRESS:

7 OLD MILITARY ROAD

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

AUSABLE RIVER ASSOCIATION

ADDRESS:

1181 HASELTON RD

WILMINGTON, NY 12997

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:

SARANAC LAKE ARTWORKS

ADDRESS:

39 MAIN STREEET

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

SONGS ON MIRROR LAKE

ADDRESS:

MID'S PARK

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

HSL-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.

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

=====

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.

RECIPIENT NAME:

HEALING GRACE PERINATAL HOSPICE

ADDRESS:

64 BRINKERHOFF STREET, SUITE 104

PLATTSBURGH, NY 12901

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

OLD FORGE LIBRARY

ADDRESS:

220 CROSBY BLVD

OLD FORGE, NY 13420

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:

ADIRONDACK LAKES CENTER FOR THE ARTS

ADDRESS:

3446 STATE ROUTE 28

BLUE MOUNTAIN LAKE, NY 12812

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

ARTA

ADDRESS:

24000 CASA LOMA RD

GROVELAND, CA 95321

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

CHILDCARE COORDINATING COUNCIL OF NORTH COUNTRY

ADDRESS:

PO BOX 2640

PLATTSBURGH, NE 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:

DEPOT THEATRE

ADDRESS:

6705 MAIN ST

WESTPORT, NY 12993

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

FIRST PRESBYTERIAN CHURCH OF SARANAC LAKE

ADDRESS:

57 CHURCH STREET

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

SIX NATIONS IROQUOIS CULTURAL CENTER

ADDRESS:

1466 COUNTY ROUTE 60

ONCHIOTA, NY 12989

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 11,000.

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

=====

RECIPIENT NAME:

TANNERY POND CENTER

ADDRESS:

228 MAIN STREET

NORTH CREEK, NY 12853

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

TICONDEROGA NATURAL FOODS COOPERATIVE

ADDRESS:

109 MONTCALM ST

TICONDEROGA, NY 12883

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 2,100.

RECIPIENT NAME:

WE ARE INSTRUMENTAL

ADDRESS:

PO BOX 586

TICONDEROGA, NY 12833

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:

CANARY IMPACT LAB

ADDRESS:

1111 BROADWAY FLOOR 3

OAKLAND, CA 94607

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

SARANAC LAKE VOLUNTEER FIRE DEPARTMENT

ADDRESS:

PO BOX 509

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 200.

RECIPIENT NAME:

CWS-CROP WALK

ADDRESS:

475 RIVERSIDE DRIVE, SUITE 700

NEW YORK, NY 10115

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 250.

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

=====

RECIPIENT NAME:

ADIRONDACK EXPERIENCE

ADDRESS:

471 OLD PISECO RD

PISECO, NY 12139

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

ADIRONDACK HEALTH

ADDRESS:

PO BOX 120

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

THE FIRST PRESBYTERIAN CHURCH ON THE PARK

ADDRESS:

17 PARK ST

CANTON, NY 13617

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:

NYSEF

ADDRESS:

PO BOX 300

WILMINGTON, NY 12997

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

NORTHERN LIGHTS SCHOOL

ADDRESS:

26 TRUDEAU ROAD

SARANAC LAKE, NY 12983

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

ANDERSON FALLS HERITAGE SOCIETY

ADDRESS:

96 CLINTON ST

KEESEVILLE, NY 12944

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:
BLUSEED STUDIOS
ADDRESS:
24 CEDAR STREET

SARANAC LAKE, NY 12983
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:
VILLAGE OF TUPPER LAKE (FRANKLIN COUNTY LDC)
ADDRESS:
355 W MAIN STREET, SUITE 428

MALONE, NY 12953
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 27,500.

RECIPIENT NAME:
SAINT REGIS MOHAWK TRIBE (CHILDCARE EXCELLENCE)
ADDRESS:
71 MARGARET TERRANCE MEMORIAL HIGHWAY

HOGANSBURG, NY 13655
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 66,000.

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

=====

RECIPIENT NAME:

JCEO (CHILDCARE EXCELLENCE AWARDS)

ADDRESS:

54 MARGARET STREET

PLATTSBURGH, NY 12901

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 36,000.

RECIPIENT NAME:

YMCA BRIGHT BEGINNINGS (CHILDCARE EXCELLENCE)

ADDRESS:

62 NORTHERN AVE

PLATTSBURGH, NY 12903

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 34,000.

RECIPIENT NAME:

TENDERCARE TOT CENTER (CHILDCARE EXCELLENCE AWARD)

ADDRESS:

39 QUINN WAY

RAY BROOK, NY 12977

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 12,000.

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

=====

RECIPIENT NAME:

TINY LEADERS (CHILDCARE EXCELLENCE AWARDS)

ADDRESS:

16 DEGRANDPRE WAY

PLATTSBURGH, NY 12901

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 28,000.

RECIPIENT NAME:

CHAMPLAIN CHILDREN'S LEARN CENTER (CHILDCARE AWARD

ADDRESS:

10 CLINTON ST

ROUSES POINT, NY 12979

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

CHILDREN'S DEVELOPMENT GROUP (CHILDCARE AWARDS)

ADDRESS:

8566 US ROUTE 9

LEWIS, NY 12950

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:

CEDAR PARK CHILDCARE (CHILDCARE EXCELLENCE AWARDS)

ADDRESS:

PO BOX 110

LEWIS, NY 12950

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

ESSEX EATS

ADDRESS:

2314 MAIN STREET

ESSEX, NY 12936

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

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.

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

=====

RECIPIENT NAME:

COMMUNITY HEALTH CENTER OF THE NORTH COUNTRY

ADDRESS:

4 COMMERCE LANE

CANTON, NY 13617

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

TOWN OF KEENE

ADDRESS:

10892 NYS ROUTE 9N

KEENE, NY 12942

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

INDIAN LAKE THEATER

ADDRESS:

PO BOX 517

INDIAN LAKE, NY 12842

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

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

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RECIPIENT NAME:

TRI-LAKES 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.

RECIPIENT NAME:

SHINE ON (PLATTSBURGH COLLEGE FOUNDATION)

ADDRESS:

101 BROAD STREET

PLATTSBURGH, NY 12901

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

ADIRONDACK COMMUNITY OUTREACH CENTER

ADDRESS:

PO BOX 201

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:

LAKE PLACID OLYMPIC MUSEUM

ADDRESS:

2634 MAIN ST

LAKE PLACID, NY 12946

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

RECIPIENT NAME:

HIGH PEAKS HOSPICE

ADDRESS:

434 GLEN ST

GLENS FALLS, NY 12801

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

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

RECIPIENT NAME:

GREAT CAMP SAGAMORE

ADDRESS:

1105 SAGAMORE ROAD

RAQUETTE LAKE, NY 13436

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

AMOUNT OF GRANT PAID..... 500.

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

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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.

TOTAL GRANTS PAID: 1,757,872.

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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.