EXTENDED TO NOVEMBER 16, 2026

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

For calendar year 2025 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)

PO BOX 1357

Room/suite

B Telephone number

518-992-4900

City or town: SARANAC LAKE | State or province: NY | Country | ZIP or foreign postal code: 12983

C If exemption application is pending, check here ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) $ 54,998,100.

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d), must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

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).)

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	5,903,060.		N/A	
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,187,327.	1,187,327.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	6,998,165.			
	b Gross sales price for all assets on line 6a 17,024,944.				
	7 Capital gain net income (from Part IV, line 2)		6,998,165.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income				
	12 **Total.** Add lines 1 through 11	14,088,552.	8,185,492.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	100,000.	2,500.		97,500.
	14 Other employee salaries and wages	173,224.	0.		173,224.
	15 Pension plans, employee benefits	7,962.	0.		7,962.
	16a Legal fees				
	b Accounting fees STMT 2	19,100.	1,000.		18,100.
	c Other professional fees STMT 3	20,556.	0.		20,556.
	17 Interest	46.	0.		46.
	18 Taxes STMT 4	72,486.	24,893.		21,728.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	12,481.	0.		12,481.
	22 Printing and publications				
	23 Other expenses STMT 5	262,714.	0.		62,714.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	668,569.	28,393.		414,311.
	25 Contributions, gifts, grants paid	1,739,626.			1,739,626.
	26 **Total expenses and disbursements.** Add lines 24 and 25	2,408,195.	28,393.		2,153,937.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	11,680,357.			
	b **Net investment income** (if negative, enter -0-)		8,157,099.		
	c **Adjusted net income** (if negative, enter -0-)			N/A	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.

		Beginning of year	End of year	
		(a) Book value	(b) Book value	(c) Fair market value
Assets	1 Cash - non-interest-bearing	212,279.	167,483.	167,483.
	2 Savings and temporary cash investments	1,319,946.	1,110,799.	1,110,799.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable STMT 6 475,000.			
	Less: allowance for doubtful accounts 0.	615,000.	475,000.	475,000.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations STMT 7	1,995,292.	8,000,000.	8,136,953.
	b Investments - corporate stock STMT 8	28,414,028.	34,483,620.	45,107,865.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
	Less: accumulated depreciation			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment: basis			
	Less: accumulated depreciation			
	15 Other assets (describe)			
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	32,556,545.	44,236,902.	54,998,100.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
	23 **Total liabilities** (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here** [X] **and complete lines 24, 25, 29, and 30.**			
	24 Net assets without donor restrictions	32,556,545.	43,336,902.	
	25 Net assets with donor restrictions		900,000.	
	Foundations that do not follow FASB ASC 958, check here [ ] **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			
	29 **Total net assets or fund balances**	32,556,545.	44,236,902.	
	30 **Total liabilities and net assets/fund balances**	32,556,545.	44,236,902.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, line 29, column (a) (must agree with end-of-year figure reported on prior year's return)	1	32,556,545.
2	Enter amount from Part I, line 27a	2	11,680,357.
3	Other increases not included on line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	44,236,902.
5	Decreases not included on line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, line 29, column (b)	6	44,236,902.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a		P		
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a	17,024,944.		10,026,779.	6,998,165.
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				6,998,165.
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter on Part I, line 7 / If (loss), enter -0- on Part I, line 7 }	2	6,998,165.
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- on Part I, line 8	3	N/A

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 ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary - see instructions)**			1	113,384.
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, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			2	0.
3	Add lines 1 and 2			3	113,384.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-			5	113,384.
6	Credits/Payments:				
a	2025 estimated tax payments and 2024 overpayment credited to 2025	6a	34,400.		
b	Exempt foreign organizations - tax withheld at source	6b	0.		
c	Tax paid with application for extension of time to file (Form 8868)	6c	110,000.		
d	Backup withholding erroneously withheld	6d	0.		
7	Total credits and payments. Add lines 6a through 6d			7	144,400.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached			8	0.
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed**			9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**			10	31,016.
11	Enter the amount of line 10 to be: **Credited to 2026 estimated tax** 31,016. **Refunded**			11	0.
	For Refunded amount, also complete and attach Form 8050. See instructions.				

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	1b		X
	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.			
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. $ 0. **(2)** On foundation managers. $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	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? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T.*	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. NY			
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 *General Instruction G?* 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 2025 or the tax year beginning in 2025? 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?	13	X	

Website address CLOUDSPLITTER.ORG

14 The books are in care of DANIEL KIEFERBACH Telephone no. 518-992-4900

Located at PO BOX 1357, SARANAC LAKE, NY ZIP+4 12983

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 15 N/A

			Yes	No
16	At any time during calendar year 2025, 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.		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 N/A	1b		
c Organizations relying on a current notice regarding disaster assistance, check here ☐			
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 2025?	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 2025, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2025?	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.) N/A	2b		
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 2025 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 2025.) N/A	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 2025?	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))?	5a(1)		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5a(4)		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?	5a(5)		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 N/A	5b		
c Organizations relying on a current notice regarding disaster assistance, check here ☐			
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? N/A	5d		
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?	6a		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	8		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.

(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 9		100,000.	3,000.	0.

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

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
CHENELLE PALYSWIAT PO BOX 1357, SARANAC LAKE, NY 12983	DIRECTOR OF GRANTS AND ADMINISTRATI 40.00	84,612.	2,538.	0.
KARA PAGE PO BOX 1357, SARANAC LAKE, NY 12983	GRANT ADVISOR 40.00	81,993.	2,460.	0.

Total number of other employees paid over $50,000 0

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services 0

Part 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	0.
2 UNDER INTERNAL REVENUE CODE SECTION 501 (C) (3) AS WELL AS CHILDCARE EXCELLENCE AWARDS TO PARTICIPANTS IN THE QUALITYSTARSNY PROGRAM.	0.
3	
4	

Part VIII-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 SHORT TERM LOAN TO NORTHERN LIGHTS SCHOOL, A 501(C)(3) NOT-FOR-PROFIT.	90,000.
2 LOAN TO PENDRAGON, INC., A 501(C)(3) NOT-FOR-PROFIT	250,000.
All other program-related investments. See instructions. 3 LOAN TO ADIRONDACK ECONOMIC DEVELOPMENT CORPORATION, A 501(C)(3) NOT-FOR-PROFIT.	75,000.
Total. Add lines 1 through 3	415,000.

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	49,450,057.
b	Average of monthly cash balances	1b	1,311,399.
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, 1b, and 1c)	1d	50,761,456.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	50,761,456.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	761,422.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3	5	50,000,034.
6	**Minimum investment return.** Enter 5% (0.05) of line 5	6	2,500,002.

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	2,500,002.
2a	Tax on investment income for 2025 from Part V, line 5	2a	113,384.		
b	Income tax for 2025. (This does not include the tax from Part V.)	2b			
c	Add lines 2a and 2b			2c	113,384.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	2,386,618.
4	Recoveries of amounts treated as qualifying distributions			4	90,000.
5	Add lines 3 and 4			5	2,476,618.
6	Deduction from distributable amount (see instructions)			6	0.
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1			7	2,476,618.

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, line 26, column (d)	1a	2,153,937.
b	Program-related investments - total from Part VIII-B	1b	415,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part XII, line 4	4	2,568,937.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2024	(c) 2024	(d) 2025
1 Distributable amount for 2025 from Part X, line 7				2,476,618.
2 Undistributed income, if any, as of the end of 2025:				
a Enter amount for 2024 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2025:				
a From 2020 447,728.				
b From 2021 398,802.				
c From 2022 991,772.				
d From 2023 261,345.				
e From 2024 269,637.				
f **Total** of lines 3a through 3e	2,369,284.			
4 Qualifying distributions for 2025 from Part XI, line 4: $ 2,568,937.				
a Applied to 2024, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2025 distributable amount				2,476,618.
e Remaining amount distributed out of corpus	92,319.			
5 Excess distributions carryover applied to 2025 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,461,603.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2024. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2025. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2026				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2020 not applied on line 5 or line 7	447,728.			
9 **Excess distributions carryover to 2026.** Subtract lines 7 and 8 from line 6a	2,013,875.			
10 Analysis of line 9:				
a Excess from 2021 398,802.				
b Excess from 2022 991,772.				
c Excess from 2023 261,345.				
d Excess from 2024 269,637.				
e Excess from 2025 92,319.				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2025, enter the date of the ruling .....

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

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	Tax year (a) 2025	Prior 3 years (b) 2024	(c) 2023	(d) 2022	(e) Total
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included on 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, 3b, or 3c 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 on 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).)

SEE STATEMENT 11

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

NONE

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

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

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

SEE STATEMENT 10

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

c Any submission deadlines:

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

Part 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*				
ESSEX FOOD HUB P.O. BOX 369 6700 MAIN STREET WESTPORT, NY 12993	NONE	PC	OPERATIONS AND VEHICLE PURCHASE	150,000.
SMALL TALES DAY CENTER 87 RIVER ST WARRENSBURG, NY 12885	NONE	PC	EMERGENCY FUNDING TO HELP COVER THE COST OF LOST REVENUE FROM A DELAYED LICENSE AND THE TWO MONTHS OF	18,050.
PENDRAGON, INC. 56 WOODRUFF ST SARANAC LAKE, NY 12983	NONE	PC	FINAL BUILDING PAYMENT	125,000.
TRINITY EPISCOPAL CHURCH 18 TRINITY PLACE PLATTSBURGH, NY 12901	NONE	PC	COMMUNITY MEAL	3,500.
FRANKLIN COUNTY IDA 360 W MAIN ST MALONE, NY 12953	NONE	GOV	TL PROJECTS	10,634.
Total SEE CONTINUATION SHEET(S)			**3a**	1,739,626.
b *Approved for future payment*				
NONE				
Total			**3b**	0.

Form **990-PF** (2025)

523611 12-06-25

** SEE PURPOSE OF GRANT CONTINUATIONS

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclu-sion code	(d) Amount	Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	1,187,327.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			14	6,998,165.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		8,185,492.	0.
13 **Total.** Add line 12, columns (b), (d), and (e)					13 8,185,492.

(See worksheet in the line 13 instructions to verify calculations.)

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

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 (other than by providing funds for such purposes).

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

			Yes	No
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	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

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. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

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.

Signature of officer or trustee | Date | TREASURER Title

May the IRS discuss this return with the preparer shown below? See instr. ☒ Yes ☐ No

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHELE A. DICKEY, CPA	MICHELE A. DICKEY	10/22/26		P00067706

Firm's name DERMODY, BURKE & BROWN, CPAS, LLC | Firm's EIN 01-0723685

Firm's address 443 N FRANKLIN ST, STE 100 SYRACUSE, NY 13204-1441 | Phone no. 315.471.9171

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
REGIONAL FOOD BANK OF NENY 965 ALBANY SHAKER RD LATHAM, NY 12110	NONE	PC	UNRESTRICTED SUPPORT	5,000.
ADIRONDACK CENTER FOR WRITING 15 BROADWAY ST SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	5,000.
SARANAC LAKE 3P 40 SPLIT ROCK ROAD SARANAC LAKE, NY 12983	NONE	PC	FALL 2025 SARANAC LAKE 3P RACE	500.
NORTH COUNTRY CHILDREN'S MUSEUM 10 RAYMOND ST POTSDAM, NY 13676	NONE	PC	PHYSICS EXHIBIT-CLOUD RING LAUNCHER	10,000.
TAUNY 53 MAIN ST CANTON, NY 13617	NONE	PC	UNRESTRICTED SUPPORT	5,000.
OUR STORY BRIDGE PO BOX 807 KEENE VALLEY, NY 12943	NONE	PC	UNRESTRICTED SUPPORT	1,500.
ADIRONDACK MOUNTAIN CLUB 4833 CASCADE ROAD LAKE PLACID, NY 12946	NONE	PC	HOMESCHOOL IN THE WOODS	2,500.
SARANAC LAKE ARTWORKS PO BOX 145 SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	3,000.
ADIRONDACK REGIONAL IMMIGRATION COLLABORATIVE P.O. BOX 27 LAKE GEORGE, NY 12845	NONE	PC	SUPPORTING VULNERABLE MIGRANTS	7,500.
JOHN BROWN LIVES PO BOX 357 WESTPORT, NY 12993	NONE	PC	UNRESTRICTED SUPPORT	5,000.
Total from continuation sheets				1,432,442.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION 23 SANTANONI AVENUE SARANAC LAKE, NY 12983	NONE	PC	2025/2026 OPPORTUNITY SCHOLARSHIP	10,000.
YMCA OF GREATER ROCHESTER 444 EAST MAIN STREET ROCHESTER, NY 14604	NONE	PC	SCHOLARSHIPS	2,500.
THE ANDREW GOODMAN FOUNDATION 55 EXCHANGE PLACE SUITE 402 NEW YORK, NY 10005	NONE	PC	VOTE EVERYWHERE	5,000.
UPPER JAY ART CENTER 12198 9N UPPER JAY, NY 12987	NONE	PC	UNRESTRICTED SUPPORT	3,000.
ELIZABETHTOWN SOCIAL CENTER 7626 US ROUTE 9 ELIZABETHTOWN, NY 12932	NONE	PC	UNRESTRICTED SUPPORT	5,000.
INTERNATIONAL ASSOCIATION OF LIONS CLUBS-HADLEY LUZERNE LIONS CLUB 539 LAKE AVENUE LAKE LUZERNE, NY 12846	NONE	PC	TOWN OF LAKE LUZERNE DESTINATION PLAYGROUND PROJECT	5,000.
WORLD AWARENESS CHILDREN'S MUSEUM 89 WARREN STREET GLENNS FALLS, NY 12801	NONE	PC	BEYOND THE EXHIBIT	4,000.
ADK ACTION PO BOX 64 KEESEVILLE, NY 12944	NONE	PC	UNRESTRICTED SUPPORT	3,000.
JAY ENTERTAINMENT AND MUSIC SOCIETY (AUSABLE RIVER VALLEY BUSINESS ASSOCIATION) PO BOX 55 AU SABLE FORKS, NY 12912	NONE	PC	UNRESTRICTED SUPPORT	1,000.
BALLARD PARK FOUNDATION 6466 MAIN ST WESTPORT, NY 12993	NONE	PC	UNRESTRICTED SUPPORT	500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BOQUET RIVER ASSOCIATION 5 FARRELL ROAD WILLSBORO, NY 12996	NONE	PC	BRASS ORGANIZATIONAL SUPPORT AND CAPACITY BUILDING	2,500.
COMFORT FOOD OF WASHINGTON COUNTY 101 FIDDLERS ELBOW ROAD GREENWICH, NY 12834	NONE	PC	FOR THE DISTRIBUTION OF HEALTHY FOODS TO RURAL AND VULNERABLE POPULATIONS IN ADIRONDACK SERVICE	2,500.
CHURCH OF THE GOOD SHEPARD (COMMUNITY FOOD SHELF) 10 WILLIAMS STREET ELIZABETHTOWN, NY 12932	NONE	PC	FARM TO TABLE PROGRAM	2,000.
EAGLE ISLAND, INC. PO BOX 304 SARANAC LAKE, NY 12983	NONE	PC	OUTDOOR OPPORTUNITIES FOR GIRLS IN ESSEX COUNTY, NY	2,250.
WARREN-HAMILTON COUNTIES COMMUNITY ACTION 190 MAPLE ST GLENS FALLS, NY 12801	NONE	PC	INDIAN LAKE NO ENHANCE PANTRY	5,000.
JAY ENTERTAINMENT AND MUSIC SOCIETY 15 PARKSIDE DR JAY, NY 12941	NONE	PC	MISSION SUPPORT	2,000.
KEENE VALLEY NEIGHBORHOOD HOUSE 1782 NY-73 KEENE VALLEY, NY 12943	NONE	PC	TO ENHANCE CONNECTIVITY FOR SENIORS	2,000.
MOUNTAIN LAKE PBS ONE SESAME STREET PLATTSBURGH, NY 12901	NONE	PC	6TH ANNUAL BEYOND THE PEAKS STUDENT FILM FESTIVAL	1,500.
OPERATION WARM PO BOX 822431 PHILADELPHIA, PA 19182	NONE	PC	FOR NEW COATS OR SHOES FOR FRANKLIN COUNTY, NY CHILDREN IN NEED	4,000.
SARANAC LAKE ROTARY FOUNDATION PO BOX 628 SARANAC LAKE, NY 12983	NONE	PC	SL AFTER PROM PARTY EVENT	250.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SARANAC LAKE CIVIC CENTER 213 AMPERSAND AVENUE SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	2,500.
TICONDEROGA MONTCALM STREET PARTNERSHIP (TICONDEROGA AREA CHAMBER OF COMMERCE) PO BOX 379 TICONDEROGA, NY 12883	NONE	PC	TACC MISSION & VISION SUPPORT	4,000.
TICONDEROGA FESTIVAL GUILD 121 MONTCALM ST TICONDEROGA, NY 12883	NONE	PC	FREE CONCERTS AND CHILDRENS PROGRAMS	1,000.
CREATIVE HEALING CONNECTIONS PO BOX 165 SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	2,000.
ADIRONDACK SKI TOURING COUNCIL, DBA BETA 301 MAIN ST LAKE PLACID, NY 12946	NONE	PC	MISSION	4,000.
AUTISM ALLIANCE NENY P.O. BOX 1884 PLATTSBURGH, NY 12901	NONE	PC	UNRESTRICTED	2,000.
NYS GRANGE EDUCATIONAL AND CULTURAL FOUNDATION (AUSABLE VALLEY GRANGE) 1749 MAIN STREET KEESEVILLE, NY 12944	NONE	PC	UNRESTRICTED	1,000.
ADIRONDACK COUNCIL 103 HAND AVE STE 3 ELIZABETHTOWN, NY 12932	NONE	PC	UNRESTRICTED	10,000.
HISTORIC SARANAC LAKE 89 CHURCH ST SUITE 2 SARANAC LAKE, NY 12983	NONE	PC	MUSEUM EXPANSION , PHASE ONE CONSTRUCTION	10,000.
PROTECT THE ADIRONDACKS 105 OVEN MOUNTAIN RD JOHNSBURG, NY 12843	NONE	PC	MISSION	2,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ADIRONDACK EXPLORER 36 CHURCH ST SARANAC LAKE, NY 12983	NONE	PC	REPORT FOR AMERICA ADIRONDACK DIVERSITY PROJECT"	10,000.
ADK ACTION (ADIRONDACK FOOD SYSTEM NETWORK) PO BOX 64 KEESEVILLE, NY 12944	NONE	PC	UNRESTRICTED SUPPORT,	5,000.
GRANT CIRCLE 5 UNION SQUARE WEST FRNT 1 #1067 NEW YORK, NY 10003	NONE	PC	CANARY HARDSHIP AWARDS	5,000.
TUPPER ARTS 106 PARK ST TUPPER LAKE, NY 12986	NONE	PC	STATE THEATER PHASE 1 REVIVAL	20,000.
ADIRONDACK ECONOMIC DEVELOPMENT CORPORATION 67 MAIN ST #300 SARANAC LAKE, NY 12983	NONE	PC	COMPREHENSIVE TECHNICAL ASSISTANCE PROGRAM FOR A DEEP-LEVEL OF SUPPORT OF ADIRONDACK SMALL	10,000.
ADIRONDACK HOUSING DEVELOPMENT CORPORATION 67 MAIN ST #300 SARANAC LAKE, NY 12983	NONE	PC	TRANSITIONAL HOUSING IN SARANAC LAKE: FROM HOMELESSNESS TO HOME	20,000.
ADIRONDACK REGIONAL IMMIGRATION COLLABORATIVE P.O. BOX 27 LAKE GEORGE, NY 12845	NONE	PC	EMERGENCY RESPONSE FUND	5,000.
ADIRONDACK SKY CENTER AND OBSERVATORY 178 BIG WOLF RD TUPPER LAKE, NY 12986	NONE	PC	BUILDING A STEM GENERATION	5,000.
ARTS GUILD OF OLD FORGE 3273 NY-28 OLD FORGE, NY 13420	NONE	PC	SUMMER INTERNSHIP PROGRAM	2,000.
UNITED CEREBRAL PALSY ASSN OF THE NC/COMMUNITY HEALTH CENTER OF THE NORTH COUNTRY 101 BROAD STREET 052 HAWKINS HALL PLATTSBURGH , NY 12901	NONE	PC	NORTH COUNTRY RECREATION	5,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DISABILITY EMPOWHER NETWORK 110 WEMBLY ROAD ROCHESTER , NY 14616	NONE	PC	EMPOWHER CAMP ADK	2,500.
FIRST PRESBYTERIAN CHURCH OF SL 57 CHURCH ST SARANAC LAKE, NY 12983	NONE	PC	HEATING PROJECT	2,000.
INLET AREA COMMUNITY TASK FORCE 160 STATE STREET INLET, NY 13360	NONE	PC	COMMUNITY GARDEN EXPANSION	1,500.
LUZERNE MUSIC CENTER 203 LAKE TOUR RD LAKE LUZERNE, NY 12846	NONE	PC	STUDENT SCHOLARSHIP SUPPORT	3,000.
NORTH COUNTRY UNDERGROUND RAILROAD HISTORICAL ASSOCIATION 1131 MACE CHASM RD AUSABLE CHASM, NY 12911	NONE	PC	UNRESTRICTED SUPPORT	1,000.
NORTHERN AREA HEALTH EDUCATION CENTER 1 MAIN ST SUITE 102 CANTON, NY 13617	NONE	PC	ST. LAWRENCE CAMPMED PROGRAM	2,000.
NORTHERN FOREST CENTER 18 NORTH MAIN ST., SUITE 204 CONCORD, NH 03301	NONE	PC	HALE HOUSE HOUSING PROJECT IN ETOWN	15,000.
PARKS AND TRAILS NY 33 ELK STREET ALBANY, NY 12207	NONE	PC	STEWARDING THE STEWARDS: SUPPORTING GRASSROOTS GROUPS CARING FOR PUBLIC LANDS IN THE	5,000.
PLATTSBURGH CITY SCHOOL DISTRICT 1 CLIFFORD DRIVE PLATTSBURGH, NY 12901	NONE	GOV	COLLEGE EQUIVALENCE OPPORTUNITIES FOR FRLP STUDENTS	3,000.
SARANAC LAKE VOLUNTEER RESCUE SQUAD 110 BROADWAY SARANAC LAKE, NY 12983	NONE	PC	POWER STRETCHER	5,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ST. AGNES SCHOOL 2322 SARANAC AVE LAKE PLACID, NY 12946	NONE	PC	ACCESSIBLE AND AFFORDABLE INFANT AND TODDLER CHILDCARE IN LAKE PLACID	20,000.
NATURAL HISTORY MUSEUM OF THE ADIRONDACKS-THE WILD CENTER 45 MUSEUM DR TUPPER LAKE, NY 12986	NONE	PC	UNRESTRICTED SUPPORT	10,000.
THERA-PETS PO BOX 319 PERU, NY 12972	NONE	PC	HANDICAPPED ACCESSIBLE POLE BARN	3,000.
TUPPER LAKE VOLUNTEER AMBULANCE & EMERGENCY SQUAD 169 MAIN STREET TUPPER LAKE, NY 12986	NONE	PC	AMBULANCE PURCHASE WITH COT ASSIST	5,000.
ADIRONDACK NORTH COUNTY ASSOCIATION 67 MAIN ST SUITE 201 SARANAC LAKE, NY 12983	NONE	PC	ADIRONDACK NATURE FESTIVAL FOR PEOPLE WITH DISABILITIES	500.
ADIRONDACK CENTER FOR LOON CONSERVATION 15 BROADWAY SARANAC LAKE, NY 12983	NONE	PC	SPECIAL ACCOUNTING PROJECT	2,000.
ADIRONDACK FILM SOCIETY PO BOX 489 LAKE PLACID, NY 12946	NONE	PC	DONOR MANAGEMENT SOFTWARE	2,000.
CAROGA ARTS COLLECTIVE 114 EAST SHORE ROAD WEST CAROGA LAKE, NY 12032	NONE	PC	CAROGA LAKE MUSIC FESTIVAL	1,500.
CATHOLIC CHARITIES COMMUNITY MATERNITY SERVICES 27 NORTH MAIN AVENUE ALBANY, NY 12203	NONE	PC	COMMUNITY MATERNITY SERVICES RURAL OUTREACH PROGRAM	4,000.
ESSEX COUNTY ARTS COUNCIL PO BOX 187 WESTPORT, NY 12993	NONE	PC	SUNBURST AWARD MICRO-GRANTS FOR ARTISTS	2,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LAKE GEORGE ASSOCIATION 2392 STATE ROUTE 9N LAKE GEORGE, NY 12845	NONE	PC	UNRESTRICTED SUPPORT	3,000.
LAKESIDE SCHOOL 198 LEANING RD ESSEX, NY 12936	NONE	GOV	UNRESTRICTED SUPPORT	5,000.
LITTLE RIVER COMMUNITY SCHOOL 1227 CR 25 CANTON, NY 13617	NONE	GOV	UNRESTRICTED SUPPORT	2,500.
LOWER ADIRONDACK PRIDE 221 GLEN STREET GLENNS FALLS, NY 12801	NONE	PC	GENERAL OPERATING SUPPORT TO SUSTAIN AND EXPAND EFFORTS IN CREATING SAFE SPACES, ADVOCACY, AND	3,000.
MARCELLA SEMBRICH MEMORIAL ASSOCIATION 5012 LAKE SHORE DRIVE BOLTON LANDING, NY 12814	NONE	PC	UNRESTRICTED SUPPORT	2,000.
READY4REAL 186 US OVAL PLATTSBURGH , NY 12903	NONE	PC	UNRESTRICTED SUPPORT	4,000.
TALKING RIVERS 25723 STATE ROUTE 180 DEXTER, NY 13634	NONE	PC	THROUGH THE EYES OF WATER	3,000.
TANNERY POND CENTER 228 MAIN ST NORTH CREEK, NY 12853	NONE	PC	UNRESTRICTED SUPPORT	2,500.
TICONDEROGA MONTCALM STREET PARTNERSHIP (TICONDEROGA AREA CHAMBER OF COMMERCE) PO BOX 379 TICONDEROGA, NY 12883	NONE	PC	TMSP ANNUAL FESTIVALS & EVENTS	1,000.
UPPER JAY ART CENTER 12198 9N UPPER JAY, NY 12987	NONE	PC	SUMMER PRODUCTION OF BOOM BY PETER SINN NACHTRIEB	1,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ADIRONDACK HEALTH FOUNDATION PO BOX 120 SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	10,000.
ADIRONDACK HEALTH FOUNDATION PO BOX 120 SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	10,000.
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30, P.O. BOX 99 BLUE MOUNTAIN LAKE, NY 12812	NONE	PC	UNRESTRICTED SUPPORT	10,000.
AUSABLE FRESHWATER CENTER 5698 NYS ROUTE 86 WILMINGTON , NY 12997	NONE	PC	UNRESTRICTED SUPPORT	5,000.
CRAIGARDEN 9216 NYS ROUTE #9N ELIZABETHTOWN, NY 12932	NONE	PC	FREE FOOD FRIDGE	5,000.
ECUMENICAL COUNCIL OF SL (GRACE PANTRY) PO BOX 194 SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT FOR GRACE PANTRY	2,000.
GRANT CIRCLE 5 UNION SQUARE WEST FRNT 1 #1067 NEW YORK, NY 10003	NONE	PC	CANARY HARDSHIP AWARDS	2,877.
ADIRONDACK CENTER FOR LOON CONSERVATION 15 BROADWAY SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	10,000.
GRANT CIRCLE 5 UNION SQUARE WEST FRNT 1 #1067 NEW YORK, NY 10003	NONE	PC	CANARY HARDSHIP AWARDS	5,000.
CWS/CROP HUNGER WALK P.O. BOX 968 ELKHART, IN 46515	NONE	PC	UNRESTRICTED SUPPORT	250.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LITTLE PEAKS 32 BOTH MEADOW TRAIL KEENE, NY 12942	NONE	PC	UNRESTRICTED SUPPORT	5,000.
ADIRONDACK FOLK SCHOOL 51 MAIN ST LAKE LUZERNE, NY 12846	NONE	PC	UNRESTRICTED SUPPORT	2,000.
CHAMPLAIN AREA TRAILS 6482 MAIN STREET WESTPORT, NY 12993	NONE	PC	UNRESTRICTED SUPPORT	5,000.
LITERACY VOLUNTEERS 101 BROAD STREET, 052 HAWKINS HALL PLATTSBURGH, NY 12901	NONE	PC	UNRESTRICTED SUPPORT	5,000.
OWLS HEAD MOUNTAIN VIEW COMMUNITY CONNECTIONS 1977 COUNTY ROUTE 27 OWLS HEAD, NY 12969	NONE	PC	UNRESTRICTED SUPPORT	5,000.
LITTLE PEAKS 32 BOTH MEADOW TRAIL KEENE, NY 12942	NONE	PC	EDUCATION SUPPORT SPECIALIST AT LITTLE PEAKS	6,250.
WADHAMS FREE LIBRARY 763 NY-22 WESTPORT, NY 12993	NONE	PC	UNRESTRICTED SUPPORT	1,000.
GRANT CIRCLE 5 UNION SQUARE WEST FRNT 1 #1067 NEW YORK, NY 10003	NONE	PC	CANARY HARDSHIP AWARDS	10,000.
ADIRONDACK NORTH COUNTRY ASSOCIATION 67 MAIN ST SUITE 201 SARANAC LAKE, NY 12983	NONE	PC	BUILDING FINANCIAL RESILIENCY TO SUSTAIN EQUITY-CENTERED IMPACT (ADI)	15,000.
SARANAC LAKE ROTARY FOUNDATION (FRIENDS OF BOOTHE RIVER PARK) PO BOX 628 SARANAC LAKE, NY 12983	NONE	PC	RIVER GAUGE	6,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PLATTSBURGH YMCA 17 OAK ST PLATTSBURGH, NY 12901	NONE	PC	NEW Y FACILITY	33,000.
ADIRONDACK EXPLORER 36 CHURCH ST SARANAC LAKE, NY 12983	NONE	PC	COMMUNITY NEWS EXPANSION PROJECT	25,000.
ADIRONDACK LAND TRUST 2861 NYS RTE 73 KEENE , NY 12942	NONE	PC	PAUL SMITHS VIC LANDS & WATERS	50,000.
BIG BROTHERS BIG SISTERS OF THE SOUTHERN ADIRONDACKS 101 RIDGE STREET, SUITE 5 GLENS FALLS, NY 12801	NONE	PC	TRANSPORTATION FOR MENTORED YOUTH	11,000.
DOUBLE H RANCH 97 HIDDEN VALLEY RD LAKE LUZERNE, NY 12846	NONE	PC	ADAPTIVE WINTER SPORTS PROGRAM	4,000.
ELIZABETHTOWN SOCIAL CENTER 7626 US ROUTE 9 ELIZABETHTOWN, NY 12932	NONE	PC	TEENS OFF SCREENS	5,000.
UNITED WAY(ESSEX COUNTY MENTAL HEALTH) 45 TOM MILLER ROAD PLATTSBURGH, NY 12901	NONE	PC	A BRIEF COALITION COORDINATOR FOR PORTRAITS OF RESILIENCE	20,000.
FIELD AND FORK NETWORK 487 MAIN STREET, SUITE 200 BUFFALO, NY 14203	NONE	PC	DOUBLE UP FOOD BUCKS TO EXPAND IN ADIRONDACKS	50,000.
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	NONE	PC	TO SUPPORT EFFORTS TO SCALE UP AND ENHANCE SOCIAL CARE AND HEALTH CARE ACCESS FOR OLDER ADULTS IN THE	10,000.
OUR STORY BRIDGE 41 THORNE WAY KEENE VALLEY, NY 12943	NONE	PC	OUR STORY BRIDGE LISTENS: ENGAGING ADIRONDACK NONPROFITS	10,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SILVER BAY YMCA 87 SILVER BAY RD SILVER BAY, NY 12874	NONE	PC	TICONDEROGA COMMUNITY EARLY LEARNING CENTER	25,000.
SMALL GRANTS FOR SMALL PANTRIES (ADIRONDACK COMMUNITY FOUNDATION) 304 BEAR CUB LN LAKE PLACID, NY 12946	NONE	PC	SMALL GRANTS FOR SMALL PANTRIES	25,000.
THOMAS SHIPMAN YOUTH CENTER 61 CUMMINGS RD LAKE PLACID, NY 12946	NONE	PC	THOMAS SHIPMAN MEMORIAL YOUTH CENTER LAND PURCHASE	5,000.
TRUDEAU INSTITUTE 154 ALGONQUIN AVE SARANAC LAKE, NY 12983	NONE	PC	GROWING BIOMEDICAL SCIENCE IN THE NORTH COUNTRY	35,000.
VOLUNTEER LAWYERS PROJECT OF CNY 221 S WARREN ST #200 SYRACUSE, NY 13202	NONE	PC	NORTH COUNTRY IMMIGRATION PROGRAM	50,000.
WE ARE INSTRUMENTAL PO BOX 586 TICONDEROGA, NY 12883	NONE	PC	MAKING THE MUSIC SUMMIT LAST	3,000.
ADK ACTION (ADIRONDACK FOOD SYSTEM NETWORK) PO BOX 64 KEESEVILLE, NY 12944	NONE	PC	TO CONNECT AND COLLABORATE DIRECTLY WITH REGIONAL EMERGENCY FOOD PROVIDERS ACROSS THE	4,000.
ADIRONDACK LAKES CENTER FOR THE ARTS 3446 NY-28 BLUE MOUNTAIN LAKE, NY 12812	NONE	PC	ADK LAKES THEATRE FESTIVAL IN THE ADIRONDACKS	3,000.
FRANKLIN COUNTY ECONOMIC DEVELOPMENT CORPORATION 360 W. MAIN STREET MALONE, NY 12953	NONE	GOV	THE CARRY	3,000.
GRASSLAND BIRD TRUST 12 SPRING STREET, SUITE 1W SCHUYLERVILLE, NY 12871	NONE	PC	ADVANCING THE CONSERVATION OF GRASSLAND BIRD HABITAT	5,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PERU CENTRAL SCHOOL 17 SCHOOL STREET PERU, NY 12972	NONE	PC	BACKPACK PROGRAM	3,000.
PLATTSBURGH CARES 73 ADIRONDACK LANE PLATTSBURGH, NY 12901	NONE	PC	UNRESTRICTED SUPPORT	5,000.
RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK PO BOX 9 ALBANY, NY 12201	NONE	GOV	FOR SUNYS WOMEN'S HEALTH IN THE NORTH COUNTRY RESEARCH PROJECT	2,000.
SOUTHERN ADIRONDACK INDEPENDENT LIVING 71 GLENWOOD AVE QUEENSBURY, NY 12804	NONE	PC	UNRESTRICTED SUPPORT	5,000.
THE 26 FOUNDATION 51 FREDERICK DRIVE WEST CHAZY, NY 12992	NONE	PC	COUNSELING SERVICES FOR CHILDREN & YOUNG ADULTS GRIEVING THE DEATH OF A PARENT	4,000.
THE EALIAN PROJECT/THE THRIVE PROJECT 410 EAST MAIN STREET MALONE, NY 12953	NONE	PC	THE CREATIVE LOUNGE	2,000.
UNITED WAY OF THE ADIRONDACKS 45 TOM MILLER ROAD PLATTSBURGH, NY 12901	NONE	PC	BUILDING FINANCIAL SECURITY FOR ALICE FAMILIES	5,000.
WOMEN'S COLLEGE SCHOLARSHIP CLUB OF SLNY P.O. BOX 343 SARANAC LAKE, NY 12983	NONE	PC	FOR SCHOLARSHIPS FOR SARANAC LAKE HIGH SCHOOL GRADUATES AND NON-TRADITIONAL STUDENTS OF FRANKLIN	2,000.
ADIRONDACK COMMUNITY FOUNDATION (SUN FUND) 304 BEAR CUB LN LAKE PLACID, NY 12946	NONE	PC	SPECIAL AND URGENT NEEDS	5,000.
SARANAC LAKE YOUTH CENTER 29 WOODRUFF ST SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	3,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WESTPORT LIBRARY ASSOCIATION 6 HARRIS LN WESTPORT, NY 12993	NONE	PC	UNRESTRICTED SUPPORT	1,000.
ADIRONDACK REGIONAL IMMIGRATION COLLABORATIVE P.O. BOX 27 LAKE GEORGE, NY 12845	NONE	PC	UNRESTRICTED SUPPORT	4,000.
ADIRONDACK COMMUNITY FOUNDATION (NC HOUSING) 304 BEAR CUB LN LAKE PLACID, NY 12946	NONE	PC	NC HOUSING FUND	100,000.
SARANAC LAKE INTERFAITH FOOD PANTRY 57 CHURCH ST SARANAC LAKE, NY 12983	NONE	PC	RRF FOR THANKSGIVING MEALS	500.
ADIRONDACK LAKES CENTER FOR THE ARTS 3446 NY-28 BLUE MOUNTAIN LAKE, NY 12812	NONE	PC	CAPACITY BUILDING	2,500.
GRACE PANTRY (ECUMENICAL COUNCIL OF SL) PO BOX 194 SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	1,000.
AEDC (LITTLE TYKES) 67 MAIN ST #300 SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	1,000.
WHALLONSBURG GRANGE 1610 NYS ROUTE 22 WHALLONSBURG, NY 12936	NONE	PC	UNRESTRICTED SUPPORT	500.
UPPER JAY ART CENTER 12198 OLD RTE 9N UPPER JAY, NY 12987	NONE	PC	UNRESTRICTED SUPPORT	500.
SARANAC LAKE INTERFAITH FOOD PANTRY 57 CHURCH ST SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	1,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COMMUNITY LUNCHBOX 136 MAIN STREET SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	1,000.
NORTHERN LIGHTS SCHOOL 26 TRUDEAU RD SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	1,000.
EDUCATIONAL OPPORTUNITY FUND FOR THE LPCSD (ADIRONDACK COMMUNITY FOUNDATION) 304 BEAR CUB LN LAKE PLACID, NY 12946	NONE	PC	UNRESTRICTED SUPPORT	1,000.
EDUCATIONAL OPPORTUNITY FUND FOR THE LPCSD (ADIRONDACK COMMUNITY FOUNDATION) 304 BEAR CUB LN LAKE PLACID, NY 12946	NONE	PC	UNRESTRICTED SUPPORT	1,000.
PENDRAGON, INC. 15 BRANDY BRK SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	1,000.
PENDRAGON, INC. 15 BRANDY BRK SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	1,000.
INDIAN LAKE THEATER 13 E MAIN ST INDIAN LAKE, NY 12842	NONE	PC	UNRESTRICTED SUPPORT	1,000.
ADK ACTION PO BOX 64 KEESEVILLE, NY 12944	NONE	PC	UNRESTRICTED SUPPORT	1,000.
SARANAC LAKE LOCAL DEVELOPMENT CORPORATION 39 MAIN STREET, SUITE 9 SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	1,000.
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	NONE	PC	UNRESTRICTED SUPPORT	1,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FRANKLIN COUNTY LAND BANK 355 W. MAIN STREET MALONE, NY 12953	NONE	PC	UNRESTRICTED SUPPORT	5,000.
ADIRONDACK EXPLORER 36 CHURCH ST SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	500.
ADK ACTION PO BOX 64 KEESEVILLE, NY 12944	NONE	PC	UNRESTRICTED SUPPORT	500.
ADK ACTION PO BOX 64 KEESEVILLE, NY 12944	NONE	PC	UNRESTRICTED SUPPORT	1,000.
ADIRONDACK RAIL TRAIL ASSOCIATION PO BOX 1081 SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	5,000.
ADIRONDACK LAND TRUST 2861 NYS RTE 73 KEENE , NY 12942	NONE	PC	UNRESTRICTED SUPPORT	3,000.
ADIRONDACK ARCHITECTURAL HERITAGE 1745 MAIN ST KEESEVILLE, NY 12944	NONE	PC	UNRESTRICTED SUPPORT	4,500.
TICONDEROGA AREA BACKPACK PROGRAM 5 CAULKINS PLACE TICONDEROGA, NY 12883	NONE	PC	BACKPACK PROGRAM	10,000.
ADIRONDACK ECONOMIC DEVELOPMENT CORP 67 MAIN ST #300 SARANAC LAKE, NY 12983	NONE	PC	MISSION	5,000.
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN DR LAKE PLACID, NY 12946	NONE	PC	FOR EMERGENCY ASBESTOS ABATEMENT IN THE BUILDING WHICH HOSTS THE HEAD START PROGRAM	15,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
OPEN DOOR MISSION 226 WARREN ST GLENS FALLS, NY 12801	NONE	PC	SAFE HAVEN	15,000.
ADIRONDACK CENTER FOR LOON CONSERVATION 15 BROADWAY SARANAC LAKE, NY 12983	NONE	PC	CAPACITY BUILDING	2,500.
OUR STORY BRIDGE PO BOX 807 KEENE VALLEY, NY 12943	NONE	PC	CAPACITY BUILDING	2,500.
PLANNED PARENTHOOD OF THE NORTH COUNTRY NY 160 STONE STREET WATERTOWN, NY 13601	NONE	PC	CAPACITY BUILDING	2,500.
COMMUNITY LUNCHBOX 136 MAIN STREET SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	2,000.
THE TINA LECLAIR FOUNDATION 117 OLIVE STREET SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	1,000.
NORTHERN FOREST CANOE TRAIL 831 MILL BROOK RD WAITSFIELD, VT 05673	NONE	PC	MISSION SUPPORT	5,000.
NORTHERN LIGHTS CHOIR (SARANAC LAKE ROTARY) PO BOX 628 SARANAC LAKE, NY 12983	NONE	PC	UNRESTRICTED SUPPORT	2,000.
COMMUNITY FRIENDSHIP VOLUNTEER PROGRAM (COMMUNITY HEALTH CENTER OF THE NORTH COUNTRY) 101 BROAD STREET 052 HAWKINS HALL PLATTSBURGH , NY 12901	NONE	PC	UNRESTRICTED SUPPORT	5,000.
PAUL SMITH'S COLLEGE 7777 NY-30 PAUL SMITHS, NY 12970	NONE	PC	PSC ADIRONDACK-NORTH COUNTRY SUMMIT SCHOLARSHIPS	40,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TONITA KIDDER 1640 STATE ROUTE 3 BLOOMINGDALE, NY 12913	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
AVERY CELESTE KIDDER 1640 STATE ROUTE 3 BLOOMINGDALE, NY 12913	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
MARY MAYVILLE 1640 STATE ROUTE 3 BLOOMINGDALE, NY 12913	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
CHANTELLE MYATT 1640 STATE ROUTE 3 BLOOMINGDALE, NY 12939	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ERIN HORTON 1640 STATE ROUTE 3 BLOOMINGDALE, NY 12983	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
MARY MURRAY 1640 STATE ROUTE 3 BLOOMINGDALE, NY 12983	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
DEBRA HEWITT 1640 STATE ROUTE 3 BLOOMINGDALE, NY 12983	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
CASSITY ROSE 1640 STATE ROUTE 3 BLOOMINGDALE, NY 12983	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
MELANIE TENDLER 1640 STATE ROUTE 3 BLOOMINGDALE, NY 12989	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ELIZABETH SWINYER 1640 STATE ROUTE 3 BLOOMINGDALE, NY 12989	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RHONDA SWINYER 1640 STATE ROUTE 3 BLOOMINGDALE, NY 12989	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
LINDSEY MURRAY 1640 STATE ROUTE 3 BLOOMINGDALE, NY 12939	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
MELANIE OBRIEN 309 OLD MILITARY ROAD LAKE PLACID, NY 12946	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
CATHERINE MURPHY 9 RIVER STREET CHATEAUGAY, NY 12972	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
TRACY GARDNER 9 RIVER STREET CHATEAUGAY, NY 12955	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
MARCI KING 9 RIVER STREET CHATEAUGAY, NY 12935	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
CASSANDRA LORD 9 RIVER STREET CHATEAUGAY, NY 12910	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
WENDY STEWART 9 RIVER STREET CHATEAUGAY, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
AIMEE CHARLAND 9 RIVER STREET CHATEAUGAY, NY 12910	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ANGELA WILLIAMS MINEHAN 9 RIVER STREET CHATEAUGAY, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MICHELLE BOYNTON 9 RIVER STREET CHATEAUGAY, NY 12944	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
LANA GADWAY 361 SALMON RIVER ROAD PLATTSBURGH, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
CALLI ELLIS 17 WEBSTER STREET MALONE, NY 13617	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
NICOLE FISH 17 WEBSTER STREET MALONE, NY 12953	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
SHIRLEY MILLISER 17 WEBSTER STREET MALONE, NY 12957	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
JOSEPH YOUNG 17 WEBSTER STREET MALONE, NY 12923	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
JESSICA FINNELL 17 WEBSTER STREET MALONE, NY 12923	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
MORGANLYN DAVIS 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12981	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
AMANDA POWELL 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ANGEL POWELL 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12962	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KRYSTYNA PRUSS 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12923	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
VICTORIA LAFAVE 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12919	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
MYA POISSANT 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12992	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
HEATHER TROMBLEY 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12923	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
JULIANNA BAKER 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
HAYDEN WILSON 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12962	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
AUBRIANNA FREDERICK 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12992	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
DAVINA WHITE 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
TABITHA PARENT 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12919	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
FRANCES BRETON 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12910	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RACHEL EAMER 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12962	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
DAHLIA LASALLE 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
KALLISTA KIPP 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
KEATON BADGER 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12979	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
SHONNA OSBORN 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12992	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
MAGEN REARDON 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12953	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
BRONCIE BURNELL 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ALEXANDRA BESSETTE 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12923	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ALYSSA WALES 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12919	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
KEONNA GIDDINGS 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LINDSEY LINCOLN 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
KATELYN LINCOLN 16 DEGRANDPRE WAY SUITE 200 PLATTSBURGH, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ANGELA HOWARD 39 QUINN WAY RAYBROOK, NY 12983	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
BECKY FOUNTAIN 39 QUINN WAY RAYBROOK, NY 12945	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
KIMBERLY RASCOE 39 QUINN WAY RAYBROOK, NY 12945	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ASHLYN HOWARD 39 QUINN WAY RAYBROOK, NY 12983	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
KATIE STYLES 39 QUINN WAY RAYBROOK, NY 12983	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
CHEYNNE CHARLAND 39 QUINN WAY RAYBROOK, NY 12913	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
DIANA SWEATT 4 OSAWENTHA DR LEWIS, NY 12950	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ARIKA TURNER 4 OSAWENTHA DR LEWIS, NY 12950	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ABIGAIL MONTY 4 OSAWENTHA DR LEWIS, NY 12993	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
LEANNA COSTIN 4 OSAWENTHA DR LEWIS, NY 12993	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ARMENE BAUGHN 47 SAND RD MORRISONVILLE, NY 12918	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
LIA FISHBEIN 47 SAND RD MORRISONVILLE, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
SHEILA DUBREY 47 SAND RD MORRISONVILLE, NY 12962	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ADRIANN PEEBLES 47 SAND RD MORRISONVILLE, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
CASEY PROVOST 47 SAND RD MORRISONVILLE, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ALLISON GARMAN 18 PICKETTS CORNERS SARANAC, NY 12918	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
CONNIE GARMAN 18 PICKETTS CORNERS SARANAC, NY 12918	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
STACEY GUYNUP 18 PICKETTS CORNERS SARANAC, NY 12981	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MARY MCDERMOTT 18 PICKETTS CORNERS SARANAC, NY 12981	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
AMY LECLAIR 18 PICKETTS CORNERS SARANAC, NY 12962	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
KATELYN IMHOFF 18 PICKETTS CORNERS SARANAC, NY 12918	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
DANIELLE GIROUX 2075 STATE ROUTE 3 CADYVILLE, NY 12962	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
PAMELA JUNEAU 2075 STATE ROUTE 3 CADYVILLE, NY 12921	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
CHARISSA PROVOST 2075 STATE ROUTE 3 CADYVILLE, NY 12918	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
CAITLIN DELANEY 2075 STATE ROUTE 3 CADYVILLE, NY 12997	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
MELISSA DUBUQUE 2075 STATE ROUTE 3 CADYVILLE, NY 12981	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
KALA WARREN 2075 STATE ROUTE 3 CADYVILLE, NY 12935	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
AMY PFLANZ 2075 STATE ROUTE 3 CADYVILLE, NY 12918	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KEVIN POCHOPIN 2075 STATE ROUTE 3 CADYVILLE, NY 12962	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
KYLEE HEMINGWAY 2075 STATE ROUTE 3 CADYVILLE, NY 12981	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
AMANDA BOKUS 2075 STATE ROUTE 3 CADYVILLE, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ZACHARY MARLOW 2075 STATE ROUTE 3 CADYVILLE, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
JAMIE STEENBERGE 2075 STATE ROUTE 3 CADYVILLE, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
TRAVIS RABIDEAU 2075 STATE ROUTE 3 CADYVILLE, NY 12918	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
JESSICA MATHEWS 2075 STATE ROUTE 3 CADYVILLE, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
BRADY CHANNELL 2075 STATE ROUTE 3 CADYVILLE, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
LISA LUCIA 2075 STATE ROUTE 3 CADYVILLE, NY 12981	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
CARRIE BOGENSBERGER 2075 STATE ROUTE 3 CADYVILLE, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BRITTANY TRYBENDIS 2075 STATE ROUTE 3 CADYVILLE, NY 12956	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
SHANNON NEPHEW 2075 STATE ROUTE 3 CADYVILLE, NY 12958	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
KRISTEN SMITH 2075 STATE ROUTE 3 CADYVILLE, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ALINA FELLER 2075 STATE ROUTE 3 CADYVILLE, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
BRIDGET BENWARE 2075 STATE ROUTE 3 CADYVILLE, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
KATIE BUCCELLATO 2075 STATE ROUTE 3 CADYVILLE, NY 12918	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
KAITLYN LUSSIER 2075 STATE ROUTE 3 CADYVILLE, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
KATIE CALKINS 2075 STATE ROUTE 3 CADYVILLE, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ASHLEY BRASSARD 2075 STATE ROUTE 3 CADYVILLE, NY 12921	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ARIEL BETRUS 2075 STATE ROUTE 3 CADYVILLE, NY 12978	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NICOLE DAVIS 2075 STATE ROUTE 3 CADYVILLE, NY 12918	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
COURTNEY TROMBLEY 2075 STATE ROUTE 3 CADYVILLE, NY 12921	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
MOLLY CHANNELL 2075 STATE ROUTE 3 CADYVILLE, NY 12901	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
SHAUNNA DEYO 2075 STATE ROUTE 3 CADYVILLE, NY 12992	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
MITZY RONDEAU 2075 STATE ROUTE 3 CADYVILLE, NY 12981	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
MADELINE GILLESPIE 2075 STATE ROUTE 3 CADYVILLE, NY 12981	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
CHRISTINA AYLWARD 2075 STATE ROUTE 3 CADYVILLE, NY 12962	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
LUIS PEREZ 2075 STATE ROUTE 3 CADYVILLE, NY 12912	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
BRADLEY LABELLE 2075 STATE ROUTE 3 CADYVILLE, NY 12921	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
KARLEE DUFFINA 2075 STATE ROUTE 3 CADYVILLE, NY 12981	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TRISHA SURPRENANT 2075 STATE ROUTE 3 CADYVILLE, NY 12929	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
GENEVIEVE GERTSCH-COCHRAN 2075 STATE ROUTE 3 CADYVILLE, NY 12918	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
JEANNA MANNING 2075 STATE ROUTE 3 CADYVILLE, NY 12944	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
DILLON PRIME 32 BOTH MEADOW TRAIL KEENE, NY 12943	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
CYNTHIA SUMMO 32 BOTH MEADOW TRAIL KEENE, NY 12942	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
JENNY MUGRACE 32 BOTH MEADOW TRAIL KEENE, NY 12943	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
SADIE THOMPSON 32 BOTH MEADOW TRAIL KEENE, NY 12950	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
FARRAH WHITNEY 32 BOTH MEADOW TRAIL KEENE, NY 12941	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
BRENNA DEWALT 32 BOTH MEADOW TRAIL KEENE, NY 12942	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
EMILY WHITNEY 32 BOTH MEADOW TRAIL KEENE, NY 12942	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ABIGAIL SMITH 32 BOTH MEADOW TRAIL KEENE, NY 12942	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
STEPHANIE TRUMBULL 32 BOTH MEADOW TRAIL KEENE, NY 12941	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
MICHELLE BULLOCK 32 BOTH MEADOW TRAIL KEENE, NY 12943	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ISABELLA PENA 32 BOTH MEADOW TRAIL KEENE, NY 12942	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
LINNAE DAURIA 32 BOTH MEADOW TRAIL KEENE, NY 12942	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
CATHERINE RAMIREZ 32 BOTH MEADOW TRAIL KEENE, NY 12941	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
JANELLE SCHWARTZ 32 BOTH MEADOW TRAIL KEENE, NY 12941	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
ALEXIS JACKSON 32 BOTH MEADOW TRAIL KEENE, NY 12996	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
EMMA MCGIVNEY WOLTNER 32 BOTH MEADOW TRAIL KEENE, NY 12942	NONE	I	AUTHORIZED BY CCCCNC AND QUALITY STARS FOR ACHIEVING PROFESSIONAL DEV CHECKPOINT	2,000.
PENDRAGON, INC. 15 BRADY BROOOK SARANAC LAKE, NY 12983	NONE	PC	DEBT FORGIVEN FOR CAPITAL IMPROVEMENT PROJECT	42,565.
Total from continuation sheets				

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - SMALL TALES DAY CENTER

EMERGENCY FUNDING TO HELP COVER THE COST OF LOST REVENUE FROM A DELAYED LICENSE AND THE TWO MONTHS OF REIMBURSEMENT DELAY

NAME OF RECIPIENT - COMFORT FOOD OF WASHINGTON COUNTY

FOR THE DISTRIBUTION OF HEALTHY FOODS TO RURAL AND VULNERABLE POPULATIONS IN ADIRONDACK SERVICE AREAS

NAME OF RECIPIENT - ADIRONDACK ECONOMIC DEVELOPMENT CORPORATION

COMPREHENSIVE TECHNICAL ASSISTANCE PROGRAM FOR A DEEP-LEVEL OF SUPPORT OF ADIRONDACK SMALL BUSINESSES

NAME OF RECIPIENT - PARKS AND TRAILS NY

STEWARDING THE STEWARDS: SUPPORTING GRASSROOTS GROUPS CARING FOR PUBLIC LANDS IN THE ADIRONDACKS

NAME OF RECIPIENT - LOWER ADIRONDACK PRIDE

GENERAL OPERATING SUPPORT TO SUSTAIN AND EXPAND EFFORTS IN CREATING SAFE SPACES, ADVOCACY, AND COMMUNITY ENGAGEMENT FOR LGBTQIA+ INDIVIDUALS

NAME OF RECIPIENT - MERCY CARE FOR THE ADIRONDACKS

TO SUPPORT EFFORTS TO SCALE UP AND ENHANCE SOCIAL CARE AND HEALTH CARE ACCESS FOR OLDER ADULTS IN THE TRI-LAKES REGION OF THE ADIRONDACKS

NAME OF RECIPIENT - ADK ACTION (ADIRONDACK FOOD SYSTEM NETWORK)

TO CONNECT AND COLLABORATE DIRECTLY WITH REGIONAL EMERGENCY FOOD PROVIDERS ACROSS THE ADIRONDACKS

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - WOMEN'S COLLEGE SCHOLARSHIP CLUB OF SLNY

FOR SCHOLARSHIPS FOR SARANAC LAKE HIGH SCHOOL GRADUATES AND

NON-TRADITIONAL STUDENTS OF FRANKLIN AND ESSEX COUNTIES

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

CLOUDSPLITTER FOUNDATION

Employer identification number

22-2784895

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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

CLOUDSPLITTER FOUNDATION

Employer identification number

22-2784895

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ERNEST AND NANCY KEET 62 MOIR DRIVE SARANAC LAKE, NY 12983	$ 5,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	ADIRONDACK COMMUNITY FOUNDATION PO BOX 288 LAKE PLACID, NY 12946	$ 900,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

CLOUDSPLITTER FOUNDATION

Employer identification number

22-2784895

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization

CLOUDSPLITTER FOUNDATION

Employer identification number

22-2784895

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB	1,182,326.	0.	1,182,326.	1,182,326.	
PROGRAM LOAN INTEREST	5,001.	0.	5,001.	5,001.	
TO PART I, LINE 4	1,187,327.	0.	1,187,327.	1,187,327.	

FORM 990-PF ACCOUNTING FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	19,100.	1,000.		18,100.
TO FORM 990-PF, PG 1, LN 16B	19,100.	1,000.		18,100.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROGRAMMING CONSULTANTS	10,769.	0.		10,769.
PROFESSIONAL TRAINING	9,787.	0.		9,787.
TO FORM 990-PF, PG 1, LN 16C	20,556.	0.		20,556.

FORM 990-PF TAXES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	21,728.	0.		21,728.
TAXES	25,865.	0.		0.
FOREIGN TAX PAID	24,893.	24,893.		0.
TO FORM 990-PF, PG 1, LN 18	72,486.	24,893.		21,728.

FORM 990-PF OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSE	32,227.	0.		32,227.
INSURANCE	5,812.	0.		5,812.
ADVERTISING	20,141.	0.		20,141.
PAYROLL FEES	4,074.	0.		4,074.
MEALS	460.	0.		460.
FORGIVENESS OF DEBT	200,000.	0.		0.
TO FORM 990-PF, PG 1, LN 23	262,714.	0.		62,714.

FORM 990-PF OTHER NOTES AND LOANS REPORTED SEPARATELY STATEMENT 6

BORROWER'S NAME	TERMS OF REPAYMENT	INTEREST RATE
ADIRONDACK ECONOMIC DEVELOPMENT CORPORATION	QUARTERLY INTEREST ONLY, PRINCIPLE DUE AT MATURITY DATE	2.7500%

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION
01/20/23	03/31/33	225,000.		0.

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
UNSECURED	FUNDING BRIDGE LOAN

RELATIONSHIP OF BORROWER	BALANCE DUE	DOUBTFUL ACCT ALLOWANCE	FMV OF LOAN
NONE	225,000.	0.	0.

BORROWER'S NAME	TERMS OF REPAYMENT	INTEREST RATE
PENDRAGON, INC.	QUARTERLY INTEREST ONLY, PRINCIPLE DUE AT MATURITY DATE	6.0000%

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION
08/14/25	12/31/26	250,000.		0.

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
GRANT PROCEEDS	FUNDING BRIDGE LOAN

RELATIONSHIP OF BORROWER	BALANCE DUE	DOUBTFUL ACCT ALLOWANCE	FMV OF LOAN
NONE	250,000.	0.	0.
TOTAL TO FORM 990-PF, PART II, LINE 7	475,000.	0.	0.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 7

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
U.S. TREASURIES	X		8,000,000.	8,136,953.
TOTAL U.S. GOVERNMENT OBLIGATIONS			8,000,000.	8,136,953.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			8,000,000.	8,136,953.

FORM 990-PF CORPORATE STOCK STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EXCHANGE TRADED FUNDS	33,030,629.	39,656,914.
MUTUAL FUNDS	1,452,991.	5,450,951.
TOTAL TO FORM 990-PF, PART II, LINE 10B	34,483,620.	45,107,865.

FORM 990-PF PART VII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ERNEST KEET PO BOX 1357 SARANAC LAKE, NY 12983	BOARD MEMBER 5.00	0.	0.	0.
NANCY KEET PO BOX 1357 SARANAC LAKE, NY 12983	BOARD MEMBER 5.00	0.	0.	0.
GLENN KEET PO BOX 1357 SARANAC LAKE, NY 12983	BOARD TREASURER 5.00	0.	0.	0.
MELISSA EISINGER PO BOX 1357 SARANAC LAKE, NY 12983	FORMER BOARD MEMBER 3.00	0.	0.	0.
HOLLY WOLFF PO BOX 1357 SARANAC LAKE, NY 12983	BOARD CHAIR 25.00	0.	0.	0.
DIANE FISH PO BOX 1357 SARANAC LAKE, NY 12983	BOARD SECRETARY 3.00	0.	0.	0.
ROBERT BEIER PO BOX 1357 SARANAC LAKE, NY 12983	BOARD MEMBER 2.00	0.	0.	0.
TRACY ORMSBEE PO BOX 1357 SARANAC LAKE, NY 12983	BOARD MEMBER 3.00	0.	0.	0.
JULIA GOREN PO BOX 1357 SARANAC LAKE, NY 12983	BOARD VICE CHAIR 2.00	0.	0.	0.
ROGER CATANIA PO BOX 1357 SARANAC LAKE, NY 12983	BOARD MEMBER 2.00	0.	0.	0.

JANET BLISS PO BOX 1357 SARANAC LAKE, NY 12983	BOARD MEMBER 2.00	0.	0.	0.
DANIEL KIEFERBCH PO BOX 1357 SARANAC LAKE, NY 12983	EXECUTIVE DIRECTOR 40.00	100,000.	3,000.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		100,000.	3,000.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 10
PART XIV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CHENELLE PALYSWIAT
PO BOX 1357
SARANAC LAKE, NY 12983

TELEPHONE NUMBER

518-992-4900

EMAIL ADDRESS

DIRECTOR@CLOUDSPLITTER.ORG

FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

FORM 990-PF PART XIV - LINE 1A STATEMENT 11
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

ERNEST KEET
NANCY KEET