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Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2010

and ending NOV 30, 2011

DEC

Inspection

Check if applicable D Employer identification number C Name of organization Address change THE PARIS REVIEW FOUNDATION, INC. Name change 13-4081729 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-212-343-1333 62 WHITE STREET 4W Amended 1,634,847. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-NEW YORK, NY 10013 H(a) Is this a group return pending for affiliates? Yes X No F Name and address of principal officer ROBERT TERRY MCDONELL SAME AS C ABOVE H(b) Are all affiliates included? 」Yes __ No I Tax-exempt status X 501(c)(3) 527 ___ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.THEPARISREVIEW.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Other > Year of formation: 1999 M State of legal domicile: DE Trust Association Part I | Summary Briefly describe the organization's mission or most significant activities. THE MISSION OF THE ORGANIZATION Activities & Governance IS TO FOSTER THE DEVELOPMENT OF CREATIVE INDIVIDUALS AS WRITERS AND 2 Check this box \(\bigcup \] if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 3 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 9 5 21 6 Total number of volunteers (estimate if necessary) 6 93,736. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 -<u>2,668.</u> b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 702,016. 855,849. Contributions and grants (Part VIII, line 1h) Š Revenue 677,623. 710,405. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20,747 <u>32,824.</u> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 15,051 22,594. 569,270. 467,839. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)— 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0 605,841 577,471. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,000 8,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) 126,945. **b** Total fundraising expenses (Part IX, column (D), line 25) 772,527 803,711. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .386.368. 1,389,182. 182,902 78,657. Revenue less expenses Subtract line 18 from line 12 2012 sets or Beginning of Current Year **End of Year** <u>4,070,971.</u> 3,995,725 20 Total assets (Part X, line 16) 399,327 445,516. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 596,398. Part II | Signature Block 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 officer) is based on all pright mation of which preparer has any knowledge. < a has W Signature of officer Date **Z**Sign ROBERT TERRY MCDONELL Here Type or print name and title Date Check PTIN Print/Type preparer s name Preparer's signature BerKOWITS. MARTIN self-employed Paid Preparer Firm's name LUTZ AND CARR, CPAS LLP Firm's EIN Firm's address

300 EAST 42ND STREET Use Only Phone no. 212-697-2299 NEW YORK, NY 10017 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form **990** (2010) LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	till Statement of Program Service Accomplishments
Pai	t III Statement of Program Service Accomplishments
	Check of Schedule O contains a response to any question in this Part III
1	Bnefly describe the organization's mission:
	THE MISSION OF THE ORGANIZATION IS TO FOSTER THE DEVELOPMENT OF
	CREATIVE INDIVIDUALS AS WRITERS AND ARTISTS AND TO PROMOTE PUBLIC
	APPRECIATION OF EXCELLENCE IN THE LITERARY AND GRAPHIC ARTS, BY
	PUBLISHING A MAGAZINE CONTAINING FICTION, POETRY, ESSAYS,
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
2	
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 1,123,767. including grants of \$) (Revenue \$ 612,685.)
	IN FISCAL 2011, THE MOST SIGNIFICANT ACTIVITY OF THE PARIS REVIEW
	FOUNDATION WAS THE PUBLICATION OF FOUR ISSUES OF THE PARIS REVIEW, EACH
	OF WHICH REACHED APPROXIMATELY 15,000 SUBSCRIBERS AND PURCHASERS OF
	SINGLE ISSUES.
	THE FOUR ISSUES PUBLISHED IN FISCAL 2011 ARE: THE PARIS REVIEW NO. 195,
	THE PARIS REVIEW NO. 196, THE PARIS REVIEW NO. 197, AND THE PARIS
	REVIEW NO. 198. EACH ISSUE OF THE MAGAZINE PUBLISHED DURING FISCAL 2011
	INCLUDES A COMBINATION OF FICTION, POETRY, NONFICTION, VISUAL ART, AND
	INTERVIEWS WITH PROMINENT WRITERS.
	THE PARIS REVIEW NO. 195 FEATURED: FICTION BY ALEXANDRA KLEEMAN, PETER
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,123,767.
	Form 990 (2010)
03200	

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	441		₩.
45	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		х
16	, , , , , , , , , , , , , , , , , , , ,	15		^
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
17	column (A) lines 6 and 11c2 if EVan E complete Schodule C. Dort I	17		х
10	· · · · · · · · · · · · · · · · · · ·	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	_18	- 43	
13	annulate Octobrilla O. Dontilli	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	£.Ud		47
D	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	operate one of more negotians must attach addited initiatical statements (see instructions)	£00		Ь

Pai	rt IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2.70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 -
	Did the organization mivest any proceeds of tax exempt boilds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	275		
U	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
25a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
		ZJa		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
00	Schedule L, Part I	230		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26		x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	27		х
00	Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28				
_	instructions for applicable filing thresholds, conditions, and exceptions):	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			1
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>	-	
0Z	Cabadida N. Dadill	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
04	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	"		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
55	M BYGO N accordate Cabadida D. Dont V Inc. O.	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990	(2010)

<u> </u>	Check if Schedule O contains a response to any question in this Part V					
	oricotal correction of contains a respondence to any question in the rate v		<u>-</u>		Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	45		165	140
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ole gaming		1	
Ŭ	(gambling) winnings to prize winners?		gg	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1				
	filed for the calendar year ending with or within the year covered by this return	2a	9			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		• •			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	anization solicit			
	any contributions that were not tax deductible?			6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	.,	i
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices p	rovided to the payor?	7a_	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•		7b_	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uirea	7.		x
	to file Form 8282?	7d		7c_		Α
a	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		+2	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
a	If the organization received a contribution of qualified intellectual property, did the organization file F		99 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a	ļ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		ı]		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1	
11	Section 501(c)(12) organizations. Enter:	1	1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b_		ł		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	•	••••	13a_	 	
	Note. See the instructions for additional information the organization must report on Schedule O.]
D	Enter the amount of reserves the organization is required to maintain by the states in which the	125				[
_	organization is licensed to issue qualified health plans	13b 13c		1		
	Did the organization receive any payments for indoor tanning services during the tax year?	LISC		14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le Ο		14b	<u> </u>	<u> </u>
<u></u>					990	(2010)

Form 990 (2010) THE PARIS REVIEW FOUNDATION, INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line &a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? X 13 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY , DE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► FINANCE MANAGER - 212-343-1333

62 WHITE STREET, NO. 4W, NEW YORK, NY 10013

032008 12-21-10 Form 990 (2010)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Name and Title	(A)	(B)	o.gc	., 1120))	про	iout	(D)	(E)	(F)
Nours per week (describe hours for related organizations in Schedule O) From the property of the property				1			1				
Compensation Comp		hours per	(cl	neck	all t	that	арр	ly)	compensation	compensation	
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ROBERT SCOTT ASEN		l l	stee o	nstee			ensal			(***2/1099*****180)	
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ROBERT SCOTT ASEN		ın Schedule	ndiwidu	nstitut	Micer	(ey em	lighest mploy	огте			organizations
TREASURER		(0)	_	_	_	-		_			
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SECRETARY		1100								<u> </u>	
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F 000 (2010)		40.00			-				51 042	n	5 407
		1 40.00	L		Δ.	J	1	L	JI, U444.		

Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)				
· (A)	(B)			((C)			(D)	(E)			(F)	
Name and title	Average hours per	 			itior		K.A	Reportable	Reportable			tımate	
	week	<u> </u>	leck	an	T	app	(עי	compensation from	compensatio from related		1	ount o	ΣT
	(describe	Individual trustee or director			ļ			the	organizations			pensa	tion
	hours for	9 or d	ee	İ		sated		organization	(W-2/1099-MIS	3C)	ľ	om the	
	related organizations	truste	al trus		, e	шрел		(W-2/1099-MISC)				anızatı İ relate	
	ın Schedule	dgnal	institutional trustee	 ==	Key employee	Highest compensated employee	ner				ľ	nızatı	
	O)	Ē	Inst	Officer	Key	E dia	Former						
LORIN STEIN													
EDITOR FROM APRIL 2011	40.00	ļ		X	<u> </u>	├—		112,500.		0.		4,7	<u>43.</u>
											_		
			_	_	<u> </u>	-					<u> </u>		
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		ļ	<u> </u>	<u> </u>	<u> </u>	 _	_				<u> </u>		
			l										
								-					
					L								
1b Sub-total								163,542.		0.	10	0,1	
c Total from continuation sheets to Part	VII, Section A							163,542.		0.	1	0,1	<u>0.</u>
d Total (add lines 1b and 1c) 2 Total number of individuals (including bu	t not limited to th	nose	liste	ed a	bov	e) w	no r		l			<i>J</i> , <u> </u>	<u> </u>
compensation from the organization						-,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1
												Yes	No
3 Did the organization list any former offic	er, director or tru	stee	, ke	y en	nplo	yee,	or I	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J fo										!	3		X
4 For any individual listed on line 1a, is the	•		-					•	the organization			1	x
and related organizations greater than \$Did any person listed on line 1a receive of											4		
rendered to the organization? If "Yes," co								ted organization of indiv		į	5		X
Section B. Independent Contractors	•												
1 Complete this table for your five highest	compensated in	dep	ende	ent c	cont	racto	ors 1	that received more than	\$100,000 of com	npens	ation fi	rom	
the organization. (A)			-					(B)			(C	3	
Name and busine	ss address							Description of s	ervices	С	omper		n
THE SHERIDAN PRESS							- 1	PRINTING AND					
450 FAME AVENUE, HANOVE	R, PA 17	<u>33:</u>	1					SHIPPING			<u>23</u> :	1,5	<u>55.</u>
											-		
				-						-			
2 Total number of independent contractor \$100,000 in compensation from the orga		ot li	mıte	d to		se li: 1	stec	d above) who received n	nore than				

La		otatement of never	iue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	its, and ve 1f	92,319.				
	_	Noncash contributions included in lines	1a-1f \$	80,586	700 016			
9	h	Total. Add lines 1a-1f		P	702,016.			
Program Service Revenue	2 a b c	A DATED ME CENTO TAKE	OME	511120 541800 511120	493,827. 93,736. 75,000.	493,827. 75,000.	93,736.	
e a	d	ROYALTIES INCOM	<u>IE</u>	511120	<u> 26,578.</u>			26,578.
<u>6, 1</u>	е	POSTER SALES		511120	19,201.	19,201.		
ا ته	f	All other program service reve	enue	511120	2,063.	2,063.		
\perp	9	Total. Add lines 2a-2f		•	710,405.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		. •	32,824.			32,824.
- 1	Ŭ		(ı) Real	(ii) Personal				
		Gross Rents Less. rental expenses Rental income or (loss)	(I) neai	(ii) Fersorial				
į		Net rental income or (loss)						
		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	c	Less. cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising						
Other Revenue		including \$ 609,6 contributions reported on line Part IV, line 18 Less: direct expenses	5 <u>97 •</u> of 1c). See a	167,008. 167,008.				
0		Net income or (loss) from fund		. •	0.			
	9 a	Gross income from gaming ac Part IV, line 19 Less: direct expenses	-					
İ		Net income or (loss) from gam	•					
		Gross sales of inventory, less	-					
	b	and allowances Less: cost of goods sold Net income or (loss) from sale	a b	•				
Γ		Miscellaneous Revenu		Business Code	-			
	11 a b	MISCELLANEOUS		900099	22,594.	22,594.		
ļ	c							<u>-</u>
	d	All other revenue						
ļ	е	Total. Add lines 11a-11d		▶	22,594.			
	12	Total revenue. See instructions.		🕨	1,467,839.	612,685.	93,736.	
03200								Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp			e columns (B), (C), and (D).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				<u> </u>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	156,441.	125,153.		31,288.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 600	026 026	40 305	24 221
7	Other salaries and wages	309,692.	236,036.	49,325.	24,331.
8	Pension plan contributions (include section 401(k)	12 500		12 500	
_	and section 403(b) employer contributions)	12,500. 58,395.	52,180.	12,500. 2,072.	A 1 A 2
9	Other employee benefits	40,443.	32,759.	4,449.	4,143. 3,235.
10	Payroll taxes	40,443.	34,139.	4,449.	3,433.
11	Fees for services (non-employees). Management				
a b	Legal				
C	Accounting	25,000.		25,000.	
d	Lobbying	23,000.		2370001	· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services. See Part IV, line 17	8,000.			8,000.
í	Investment management fees	0,0001			<u> </u>
g	Other				
12	Advertising and promotion	57,811.	52,311.		5,500.
13	Office expenses	253,634.	247,271.	4,933.	1,430.
14	Information technology	47,572.	47,572.		
15	Royalties	3,719.	3,719.		
16	Occupancy	110,937.	91,004.	11,540.	8,393.
17	Travel	23,588.	20,829.	2,759.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		•		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,943.	21,014.	2,854.	2,075.
23	Insurance	11,252.	9,114.	1,238.	900.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	FULFILLMENT	85,529.	69,249.	16,280.	
b	WRITERS, POETS, AND ART	65,516.	65,516.		
c	DESIGN AND PRODUCTION	39,980.	39,695.	165.	120.
d	PRIZE EVENT AND READING	18,801.			18,801.
e	INDIRECT BENEFIT EXPENS	18,729.			18,729.
f	All other expenses	15,700.	10,345.	5,355.	
25	Total functional expenses. Add lines 1 through 24f	1,389,182.	1,123,767.	138,470.	126,945.
26	Joint costs. Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

032010 12-21-10

Form **990** (2010)

Par	rt X	Balance Sheet			
			(A) Beginning of year	_	(B) End of year
	1	Cash - non-interest-bearing	194,685.	_1_	196,757.
	2	Savings and temporary cash investments	200,093.	2	344,888.
	3	Pledges and grants receivable, net	257,435.	3	10,000.
	4	Accounts receivable, net	45,976.	4_	79,599.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
i		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	,	employers and sponsoring organizations of section 501(c)(9) voluntary			
ro.	,	employees' beneficiary organizations (see instructions)		6_	
Assets	7	Notes and loans receivable, net		7_	
As	8	Inventories for sale or use		8_	
	9	Prepaid expenses and deferred charges	57,934.	9_	133,466.
	10a	Land, buildings, and equipment: cost or other			
	1	basis Complete Part VI of Schedule D 10a 111,844			FF F00
	b	Less accumulated depreciation 10b 56,341	. 66,756.		55,503.
	11	Investments - publicly traded securities	. 0.6.6.070	11	2 042 002
	12	Investments - other securities. See Part IV, line 11	2,966,070.	12	3,043,982.
	13	Investments - program-related. See Part IV, line 11		13_	
	14	Intangible assets	206 776	14	206 776
	15	Other assets. See Part IV, line 11	206,776.	15	206,776.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,995,725. 28,391.	16	4,070,971. 86,969.
	17	Accounts payable and accrued expenses	20,391.	17 18	00,303.
	18	Grants payable	370,936.	19	358,547.
	19		370,730.	20	330,347.
	20	Tax-exempt bond liabilities		21	
Liabilities	21	Payables to current and former officers, directors, trustees, key employees,		Z I	
Ε	22	highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Schedule L		22	-
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	399,327.	-	445,516.
		Organizations that follow SFAS 117, check here X and complete			
S		lines 27 through 29, and lines 33 and 34.			
õ	27	Unrestricted net assets	1,268,616.	27	1,332,585.
Jala	28	Temporanly restricted net assets	238,004.	28	203,092.
B	29	Permanently restricted net assets	2,089,778.	29	2,089,778.
Ę		Organizations that do not follow SFAS 117, check here and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances			3,625,455.
	34	Total liabilities and net assets/fund balances	3,995,725.	34	4,070,971.

Form **990** (2010)

Form 990 (2010)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection

Name of the organization

Employer identification number

			THE PAR	IS REVIEW FO	UNDAT	ION,	INC.			13	<u>3-4081</u>	<u>729</u>	
Pa	ırt I	Reason	for Public Char	ity Status (All organiz	ations mu:	st complet	e this part	.) See inst	tructions				
Πhe	organ			because it is: (For lines 1									
1	Ň		•	s, or association of church	_		-	•	L.				
2	\sqcap			'0(b)(1)(A)(ii). (Attach Sc				(~)(·)(·)	•				
3	一			tal service organization		n section	170(b)(1)(Δ\fiii).					
4	一			operated in conjunction					/b){1){A}{ii	i). Enter tl	he hospital	's nam	e.
•		city, and stat				F		••.	(-)(-)(-)(-	.,			•
5				benefit of a college or ur	niversity ov	vned or or	erated by	a governi	mental uni	t describe	ed in		
		_	(b)(1)(A)(iv). (Comple	•			,	- 3 - · · · · ·					
6				ent or governmental unit	t describer	in sectio	n 170/h)/1	WAW)					
-	$\overline{\mathbf{x}}$		_	eives a substantial part					r from the	general r	nublic desc	nhed i	n
•		_	b)(1)(A)(vi). (Comple		or its supp	OIT HOIH G	govornino	ma ame		gonora, p	Jubilo Good		
8				ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9	置			eives: (1) more than 33 1			rom contri	hutions m	nemhershi	n fees an	nd aross re	ceints t	from
		-	_	nctions - subject to certa							-		
				axable income (less sect									
			509(a)(2). (Complete			,,	01000000	.oquou b	, w.o o.ga			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
10				perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	1).				
11	同	_		perated exclusively for the	•	-			•	v out the	purposes o	of one o	or
• •		-	-	ations described in secti		-							
			• • •	organization and comple	•	-		•	,				
		a Type I		¬ -	тур	_		egrated		d 🗔	Type III - 0	Other	
е				it the organization is not	controlled	directly o	r indirectly	by one or	r more dis	qualified p	persons oth	ner tha	n
				han one or more publicly									
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	il, or Type	e III				
		supporting of	rganization, check th	nis box .									
g	I	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
		(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (ii) and (ιιί) below,		Yes	No
		the gove	eming body of the si	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?	•						. 11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	€?					11g(iii)		
h	ì	Provide the fo	ollowing information	about the supported or	ganızatıon((s).							
					·		Г						
(i)	Name	of supported	(ii) E!N	(iii) Type of organization			(v) Did you		(vi) is organization	the	(vii) Ar	nount o	f
	orga	ınızatıon		(described on lines 1-9	in col. (i) lis governing ((i) organiz U.S	ed in the	sup	port	
				above or IRC section					<u> </u>				
				(see instructions))	Yes	No	Yes	No	Yes	No			
												· ·	
								-		-			
_											· ·- ·-		
									ļ <u>.</u>				
Γota	al_												

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	892,147.	995,775.	755,791.	855,849.	702,016.	4201578.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		•				
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	892,147.	995,775.	755,791.	855,849.	702,016.	4201578.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1277368.
	Public support. Subtract line 5 from line 4						<u> 2924210.</u>
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	892,147.	995,775.	755,791.	855,849.	702,016.	4201578.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	381,526.	208,176.	53,468.	20,747.	32,824.	<u>696,741.</u>
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						·
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	8,342.	12,377.	7,513.	15,051.	22,594.	<u>65,877.</u>
11	Total support. Add lines 7 through 10						4964196.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	,056,214.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stor	here				····	
Sec	ction C. Computation of Publ	ic Support Pei	rcentage				
14	Public support percentage for 2010 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>58.91 %</u>
	Public support percentage from 2009	•				15	62.25 %
16a	33 1/3% support test - 2010. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				\triangleright \mathbf{X}
b	33 1/3% support test - 2009. If the o	rganizatıon did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2010. If the orga	ınızatıon dıd not cl	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% (or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pai	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		. ▶∟
b	10% -facts-and-circumstances tes	t - 2009. If the orga	ınızatıon dıd not cl	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	jualifies as a public	cly supported orga	inization	. ▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s 🕨
					Sche	dule A (Form 990	or 990-EZ) 2010

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to gualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is-related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				 		
are not an unrelated trade or bus-						
iness under section 513					-	
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities		-		-		
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	·					
3 received from disqualified persons		<u> </u>				
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support					•	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6		<u> </u>				
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses					•	
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u>l</u>	<u> </u>	L
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here		• •	•		· ·	<u> </u>
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2010 (III	ne 8, coiumn (f) d	livided by line 13,	column (f))		15	
16 Public support percentage from 2009					16	
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	10 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2010. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an						▶□
b 33 1/3% support tests - 2009. If the						and
line 18 is not more than 33 1/3%, chec	=					
20 Private foundation. If the organization						
32023 12-21-10	I GIG HOL CHECK &	DOX OF INTO 14, 18	oa, or 130, check t		hedule A (Form 99	0 or 990-EZ) 2

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

Employer identification number

	THE PARIS REVIEW FOUNDATION, INC.	13-4081729
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds (t	b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used o	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferi	
	impermissible private benefit?	Yes No
Par	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	y important land area
	Protection of natural habitat Preservation of a certified his	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the last
	day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
đ	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	zation during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	<u> </u>
	violations, and enforcement of the conservation easements it holds?	. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	ne year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ar ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes L No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the org	anization's accounting for
	conservation easements	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	vice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	> \$
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, j	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

Part VII Investments - Other Securities.	See Form 990, Part X, line 12			
(a) Description of security or category (including name of security)	(b) Book value		ethod of valua nd-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other			_	
(A) U.S. TREASURY MONEY	022 252		1/2 DVDIII	*** T TTD
(B) MARKET FUND	932,253.	END-OF-YEAR		
(C) MUTUAL FUNDS	2,111,729.	END-OF-YEAR	MARKET	VALUE
(D) (E)				
(F)	-			
(G)				
(H)		-		
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related.				
			ethod of valua	tion.
(a) Description of investment type	(b) Book value		nd-of-year mar	
(1)	<u> </u>			
(2)		··· ·-···		
(3)	· · · · · ·			
(5)				
<u>(6)</u> (7)				
(8)				
(9)				• • •
(10)		 		·
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, Irr	ne 15			
· · · · · · · · · · · · · · · · · · ·	a) Description			(b) Book value
(1) COPYRIGHTS, TRADEMARKS, A	RCHIVES, ETC			188,333.
(2) SECURITY DEPOSIT				18,443.
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				
(6)	· · · · · · · · · · · · · · · · · · ·			
				· · · · · · · · · · · · · · · · · ·
(8)				
(9)				
(10)	4F\			206,776.
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X				200,110.
1. (a) Description of liability	X, III 6 20.	(b) Amount		
(1) Federal income taxes		(4)		
(2)				
(3)		-		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		-		
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) In FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote	ne 25.)	anto that reports the executation is	liability for upon-to-	n tay positions under
2. FIN 48 (ASC 740).	o une organization s financial stateme	ans that reports the organization's	ilability for uncertai	m tax positions under
032053 12-20-10			Scho	edule D (Form 990) 2010

	dule D (Form 990) 2010 THE PARIS REVIEW FOUNDATION	V, INC.	- 	al Ctata		4081/29 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited i	-inanci		men	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		-	1		1,467,839.
2	Total expenses (Form 990, Part IX, column (A), line 25)		-	2		1,389,182.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		78,657.
4	Net unrealized gains (losses) on investments		. -	4		<u>-49,600.</u>
5	Donated services and use of facilities			5		
6	Investment expenses		_	6		<u></u>
7	Prior period adjustments			7		
8	Other (Describe in Part XIV)			8		
9	Total adjustments (net). Add lines 4 through 8		.	9		<u>-49,600.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		<u>29,057.</u>
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With I	Revenu	ue per F	leturi	
1	Total revenue, gains, and other support per audited financial statements				1_	1,418,239.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1				
а	Net unrealized gains on investments	2a	-49	,600.	4	
b	Donated services and use of facilities	2b			1	
С	Recoveries of prior year grants	2c			1	
d	Other (Describe in Part XIV.)	2d			1	
е	Add lines 2a through 2d				2e	-49,600.
3	Subtract line 2e from line 1	•			3	1,467,839.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b				4c	0.
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	1,467,839.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expen	ses per	Retu	
1	Total expenses and losses per audited financial statements	•			_1_	1,389,182.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b			1	
С	Other losses	2c			_	
d	Other (Describe in Part XIV)	2d			_	
е	Add lines 2a through 2d				2e	0.
3	Subtract line 2e from line 1			-	3	1,389,182.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			_	
b	Other (Describe in Part XIV.)	4b			╛	
С	Add lines 4a and 4b				4c	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	1,389,182.
Pa	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II					
X, lin	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp	lete this par	t to provi	ide any ad	ditiona	al information
<u>PAI</u>	RT X, LINE 2: THE PARIS REVIEW FOUNDATION,	INC.	<u>IS A</u>	NOT-I	OR-	PROFIT
<u>CO</u> 1	RPORATION EXEMPT FROM FEDERAL INCOME TAXES	UNDER	SECT	ION :	01(C)(3) OF
						AMTON LUITOU
TH	E INTERNAL REVENUE CODE AND HAS BEEN DESIG	NATED A	AS AN	URGA	TNTZ	ATION WHICH
T.0	NOW A DETILABLE BOILDANTON					
<u> 12</u>	NOT A PRIVATE FOUNDATION.					
тн	E FOUNDATION IS SUBJECT TO FEDERAL AND STA	TE INC	оме л	AXES	ON	ANY NET
			-			
IN	COME DERIVED BY ADVERTISING REVENUE, A BUS	INESS A	ACTIV	/ITY V	VHIC	H IS
RE	GULARLY CONDUCTED AND IS, BY STATUTE, UNRE	LATED '	ro II	'S EXI		
03205	<u>4_</u>				Sche	dule D (Form 990) 2010
12-20	เบ					

Schedule D (Form 9 Part XIV Supp	90) 2010 lemen i	tal Infor	THE mation	PAR] (contin	[S R] ued)	<u>EVIEW</u>	FOUND	<u>ATION,</u>	INC	<u> </u>	13-4	<u> 108172</u>	9 Page <u>5</u>
MANAGEMENT						אמממג	א א ד ממר	ם מנוס ש		EOD AND	mav	DOCTO	TONG
TAKEN AND	<u>DOES</u>	NOT 1	HAVE A	ANY	UNC	ERTAIN	XAT V	<u>POSITI</u>	ONS	THAT AR	E MA	<u>rerial</u>	<u>TO</u>
THE FINANC	IAL	STATE	MENTS	•									
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2010

19. | **20**

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open To Public Inspection

Name of the organization	IS REVIEW FOUNDATI	ONT.	TN	C		Employer idei 13-4081	ntification number
	Complete if the organization answe		_				
Indicate whether the organization rais	sed funds through any of the following Solicitates Gamma Solicitates Gamma Special Special Special services or oral agreement with any individual eart VII) or entitles (fundraisers) pursuriduals or entitles (fundraisers) pursuriduals or entitles (fundraisers)	ion of ion of fundra (includ	non-go goveri ising o ling of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees (Yes	
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	ıstody	(iv) Gross receipts from activity	to (oi	Amount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			_				
					-		
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is	exempt from re	egistration
					-		

Schedule G (Form 990 or 990-EZ) 2010

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Sch Pa	edu art l	le G (Form 990 or 990-EZ) 2010 THE PA				4081729 Page 2 more than \$15,000
		of fundraising event contributions and gre				
		•	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			REVEL GALA			(add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts .	776,705.			776,705.
	2	Less Charitable contributions	609,697.			609,697.
	3	Gross income (line 1 minus line 2)	167,008.			167,008.
	4	Cash prizes				
Ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	71,251.		•	71,251.
Direct	7	Food and beverages	71,251.			71,251.
	8	Entertainment				
	9	Other direct expenses	24,506.			24,506.
	10	Direct expense summary. Add lines 4 through				(167,008)
	11				•	0.
Pa	art l		answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	,	T		
en en	1		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue	-			bingo/progressive bingo		col (a) through col (c))
æ	١.	0				
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	Ŭ	and approved	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	<u>()</u>
	8	Net gaming income summary. Combine line 1	l, column d, and line 7	. .		
۵	Ent	ter the state(s) in which the organization opera	tee gaming activities:			
		the organization licensed to operate gaming ac		states?		Yes No
		No," explain:			• • •	
-						
		ere any of the organization's gaming licenses re	· ·	•	year?	Yes No
b	lf "	Yes," explain:				
	_					
						
0320	82 0	1-13-11			Schedule G (Fo	rm 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 THE PARIS REVIEW FOUNDATION, INC.	13-4081729 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
Name >	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	ınt
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party.	
Name ▶	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
•	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license?	• •
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, coluing the tax year.	mns (iii) and (v), and Part III
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
032083 01-13-11 Schedule	G (Form 990 or 990-EZ) 2010

SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

2010 2010	•
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▼ Attach to Form 990.

Departme Internal Re	Department of the Treasury Internal Revenue Service		Compl	Complete if the organizatio	ganization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	' to Form 990, Par m 990.	t IV, line 21 or 22.		Open to Public Inspection	olic n
Name c	Name of the organization	i			C		•		Employer identification number	umber
Part	\vdash	General Information on Grants and Assistance	KEVIEW F	OUNDATION,	TNC.				T3-4081/29	/29
-	oes the organiz	Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	/ for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion	
	nteria used to a	criteria used to award the grants or assistance?	stance?			Č			Yes	° X
Part	<u></u>	Describe in Part IV the organization's procedures for monitoring the use or grant funds in the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 21, for any	Sedures for monit	oring the Use or grant Organizations in the	Tunds in the United Plates. C	omplete if the ord	" January answered	es" to Form 990. Part	IV. line 21. for any	
	ר '	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Check this	box if no one recipier	nt received more th	an \$5,000. Part II	can be duplicated if a	additional space is nee	ded •	
-	a) Name and ac	1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
2	nter total numb	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					•	
3	nter total numb	Enter total number of other organizations	S						•	
E H	For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructi	ions for Form 990.					Schedule I (Form 990) (2010)	(2010)

Schedule! (Form 990) (2010) THE PARIS REVIEW FOUNDATION, INC

Part

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

13-4081729

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) PREVIOUSLY UNPUBLISHED WRITER PUBLISHED IN THE PARIS REVIEW. THE EDITORIAL Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I, PART I, LINE 2: THE PLIMPTON PRIZE IS GIVEN TO AN EMERGING OR STAFF OF THE PARIS REVIEW GATHERS THE STORIES WRITTEN BY THESE NEW VOICES FROM A YEAR OF ISSUES (TYPICALLY SUMMER THROUGH SPRING) AND PRESENTS THEM FMV 3 (d) Amount of non-cash assistance ó o 10,000 5,000 (c) Amount of cash grant TO THE EDITORIAL BOARD, WHICH SELECTS THE WINNER. (b) Number of recipients (a) Type of grant or assistance TERRY SOUTHERN PRIZE PLIMPTON PRIZE

THE BEST PIECE OF HUMOR IS GIVEN TO A WRITER FOR SOUTHERN PRIZE THE TERRY

ON THE PARIS REVIEW PUBLISHED IN THE PARIS REVIEW OR ONLINE, WRITING,

"DAILY." THE EDITORIAL STAFF OF THE PARIS REVIEW GATHERS STORIES AND

032102 01-13-11

Sched	ule I	(Form	1 990	2010	ntal Info	TH	IE :	PARIS	RE'	VIEW	FOU	<u>NDA</u>	TIC	ON,	INC.		1	3-40	817	29 F	age 2
Part	IV	Su	pple	mei	ntal Info	ormatio	n —														
NON	-FI	CT	ION	P:	<u>IECES</u>	FROM	1 A	YEAF	OF	ISSU	JES	(TY	PIC	CALL	Y SU	MMEI	R TH	IROUG	H S	PRII	1G)
AND	Ą	YE.	AR	OF	BLOG	POST	rs,	AND	PRE	SENT	5 TH	EM	то	THE	EDI	TOR.	IAL	BOAR	D, '	WHIC	CH
SEL	ECI	'S	THE	W	INNER	•										,					
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Schedule I (Form 990) 2010

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

THE PARIS REVIEW FOUNDATION, INC.

Employer identification number 13-4081729

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use		i	
	Travel for companions Payments for business use of personal residence	, i		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
				ŀ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			Ì
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X_
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			<u>.</u>
а		5a		X
b	Any related organization?	5b		X
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			7
a	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			3.5
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			7.7
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	-	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

13-4081729

Page 2

THE PARIS REVIEW FOUNDATION,

Schedule J (Form 990) 2010

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(Q)	(E)	(F)
(А) Nате		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported in prior Form 990 or
			compensation	Compensation				Form 990-EZ
	Θ							
1	(ii)						*	
	(1)							
2	(ii)							
	(i)							
3	(ii)							
	Ξ							
4	(II)							
	Ξ							
5	<u> </u>							
	(i)							
9	(ii)							
	(i)							
7	(ii)							
	Ξ							
8	⊞							
	Ξ							
6	(ii)							
	Ξ							
10	(ii)							
	Ξ							
11	(E)							
	Ξ							
12	⊞							
	Ξ							
13	(ii)							
	Ξ							
14	(ii)				•			
	Ξ							
15	<u> </u>							
	E							
16	(ii)							

Schedule J (Form 990) 2010

032112 12-21-10

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

2010

Open to Public

Name of the organization

Employer identification number

	THE PARIS REVIEW FOUNDATION, INC.							
Pa	rt I Types of Property			·				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	-	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests						_	
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes .							
8	Intellectual property							
9	Securities - Publicly traded .	X	3	80,586.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests				_			
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures					_		
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other .							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Other ()							_
26	Other ()							
27	Other ()							
28	Other ► (
29	Number of Forms 8283 received by the organi	ızatıon durın	g the tax year for c	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exer	npt purposes for			
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31	<u> </u>	X
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) t	or a type of prope	rty for which column (a) is ch	necked,			
	describe in Part II			<u></u>				
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	O	Schedule M	(Form	990) ((2010)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

THE PARIS REVIEW FOUNDATION, INC.

Employer identification number 13-4081729

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ARTISTS AND TO PROMOTE PUBLIC APPRECIATION OF EXCELLENCE IN THE

LITERARY AND GRAPHIC ARTS, BY PUBLISHING A MAGAZINE CONTAINING FICTION,

POETRY, ESSAYS, REPRODUCTIONS OF GRAPHIC ART, AND INTERVIEWS WITH

WRITERS AND ARTISTS REGARDING THEIR WORK, BY PUBLISHING AND FOSTERING

THE PUBLICATION OF COLLECTIONS OF SUCH WORKS, BY FOSTERING THE

PUBLICATION OF LITERARY AND GRAPHIC WORKS AS BOOKS, FILMS OR OTHER

FORMS, AND BY OTHER ACTIVITIES THAT FURTHER THESE GOALS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REPRODUCTIONS OF GRAPHIC ART, AND INTERVIEWS WITH WRITERS AND ARTISTS

REGARDING THEIR WORK, BY PUBLISHING AND FOSTERING THE PUBLICATION OF

COLLECTIONS OF SUCH WORKS, BY FOSTERING THE PUBLICATION OF LITERARY AND

GRAPHIC WORKS AS BOOKS, FILMS OR OTHER FORMS, AND BY OTHER ACTIVITIES

THAT FURTHER THESE GOALS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NADAS, AND CLAIRE VAYE WATKINS; POETRY BY DEVIN JOHNSTON, JIM MOORE,

MAUREEN N. MCLANE, ALBERT GOLDBARTH, DANA LEVIN, DAMION SEARLS, MATTHEW

THORBURN, AND BRIAN BLANCHFIELD; ESSAY AND DRAWINGS BY SAUL STEINBERG;

A VISUAL ART PORTFOLIO OF WORKS BY AMY SILLMAN AND TOM MCGRATH, CURATED

BY DAVID SALLE; AND INTERVIEWS WITH FICTION WRITERS JONATHAN FRANZEN

AND LOUISE ERDRICH.

THE PARIS REVIEW NO. 196 FEATURED: FICTION BY JOSHUA COHEN AND ROBERTO

BOLANO; ILLUSTRATIONS BY LEANNE SHAPTON; POETRY BY CLARE ROSSINI, CHRIS

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

Schedule O (Form 990 or 990-EZ) (2010)
032211

Name of the organization THE PARIS REVIEW FOUNDATION, INC.	Employer identification number 13-4081729						
ANDREWS, STEPHEN DUNN, LINDA GREGERSON, AND POETRY TRANSLATED BY PETER							
COLE; PROSE AND PHOTOGRAPHS BY EDOUARD LEVE; ESSAY BY JOHN JEREMIAH							
SULLIVAN; A VISUAL ART PORTFOLIO OF WORKS BY VARIOUS ARTI	STS, CURATED						
BY PAVEL ZOUBOK; AND INTERVIEWS WITH FICTION WRITER ANN B	EATTIE AND						
NONFICTION WRITER JANET MALCOLM.							
THE PARIS REVIEW NO. 197 FEATURED: FICTION BY AMIE BARROD	ALE, DAVID						
GATES, ROBERTO BOLANO, AND JONATHAN LETHEM; ILLUSTRATIONS	BY LEANNE						
SHAPTON; POETRY BY FREDERICK SEIDEL, CATHY PARK HONG, KEV	IN PRUFER, LIA						
PURPURA, D. NURKSE, AND IMAN MERSAL; A VISUAL ART PORTFOL	IO OF WORKS BY						
LAUREL NAKADATE AND MIKA ROTTENBERG, CURATED BY MARILYN M	INTER; AND						
INTERVIEWS WITH FICTION WRITERS SAMUEL R. DELANY AND WILL	IAM GIBSON.						
	·····						
THE PARIS REVIEW NO. 198 FEATURED: FICTION BY KERRY HOWLE	Y AND ROBERTO						
BOLANO; ILLUSTRATIONS BY LEANNE SHAPTON; POETRY BY SHARON OLDS, BRENDA							
SHAUGHNESSY, CONSTANTINE P. CAVAFY, PAUL MULDOON, JEFF DO	LVEN, MEGHAN						
O'ROURKE, AND FORREST GANDER; ESSAYS BY LYDIA DAVIS AND G	EOFF DYER; A						
VISUAL ART PORTFOLIO OF PHOTOS FROM THE COLLECTION OF TERRY CASTLE,							
CURATED BY TERRY CASTLE; AND INTERVIEWS WITH FICTION WRITERS NICHOLSON							
BAKER AND DENNIS COOPER.							
PUBLISHING POETS, AUTHORS, AND ARTISTS AND DISTRIBUTING T	HEIR WORK						
FOSTERS THE PARIS REVIEW FOUNDATION'S EXEMPT PURPOSES, NA	MELY THE						
DEVELOPMENT OF INDIVIDUALS AS WRITERS AND ARTISTS AND THE	PROMOTION OF						
PUBLIC APPRECIATION OF EXCELLENCE IN THE LITERARY AND GRAPHIC ARTS.							
	 						
WEB ACTIVITIES:							

Employer identification number 13-4081729

ON SEPTEMBER 15, 2010 THE PARIS REVIEW FOUNDATION RE-LAUNCHED ITS

WEBSITE. THE HIGHLIGHTS OF THE WEBSITE ARE FREE ONLINE ACCESS TO THE

ENTIRE ARCHIVES OF THE PARIS REVIEW INTERVIEWS, AND A BLOG, THE DAILY,

AS WELL AS AN ONLINE STORE WHERE WE ADVERTISE SUBSCRIPTIONS, BACK

ISSUES, AND MERCHANDISE.

SINCE DECEMBER 1, 2010 THROUGH THE END OF FISCAL 2011, THE SITE OVERALL RECEIVED 5,945,439 PAGEVIEWS AND 1,733,086 UNIQUE VISITORS, WHILE THE DAILY RECEIVED 1,880,262 PAGEVIEWS AND 1,611,282 UNIQUE VISITORS. THE DAILY IS UPDATED TWO TO THREE TIMES A DAY. FISCAL 2011 CONTRIBUTORS TO THE DAILY HAVE INCLUDED PARIS REVIEW STAFF MEMBERS, AS WELL AS POETS, AUTHORS, ARTISTS, AND EDITORS SUCH AS CALEB CRAIN, J.D. DANIELS, LYDIA DAVIS, BLAIR FULLER, JHUMPA LAHIRI, OLIVER SACKS, AND SAM STEPHENSON, AMONG MANY OTHERS.

THE PARIS REVIEW IS A MEMBER OF SEVERAL SOCIAL MEDIA PLATFORMS,

TWITTER, TUMBLE, FACEBOOK, AND VIMEO. AS OF THE END OF FISCAL 2011, THE

PARIS REVIEW HAD OVER 190,000 FOLLOWERS ON TWITTER, OVER 7,500

FOLLOWERS ON TUMBLE, AND OVER 20,000 FANS ON FACEBOOK. THE TWITTER

ACCOUNT (@PARISREVIEW) IS USED TO FEATURE QUOTES FROM INTERVIEWS IN

PARIS REVIEW BACK ISSUES, LINK TO PARIS REVIEW BLOG ARTICLES, ADVERTISE

EVENTS AND ONLINE STORE SPECIALS, AND DISTRIBUTE OTHER RELATED NEWS.

THE FACEBOOK ACCOUNT (FACEBOOK.COM/PARISREVIEW) MIRRORS THESE TWEETS

DIRECTLY, AND THE TUMBLE ACCOUNT (THEPARISREVIEW.TUMBLE.COM) POSTS

SIMILAR INFORMATION BUT IN AN EXTENDED FORMAT TO INCLUDE PHOTOS, MEDIA,

AND LONGER TEXT. THE VIMEO ACCOUNT (VIMEO.COM/THEPARISREVIEW) IS USED

TO HOST VIDEOS THAT ARE POSTED TO THE PARIS REVIEW BLOG, THE DAILY.

VIDEO CONTENT INCLUDES PROMOTIONAL VIDEOS FOR ISSUES AND VIDEOS THAT

.

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization THE PARIS REVIEW FOUNDATION, INC.	Employer identification number 13-4081729
ARE RELATED TO BLOG ARTICLE CONTENT. ADDITIONALLY, THE PA	RIS REVIEW
PRODUCES EMAIL NEWSLETTERS (DISTRIBUTED THROUGH MAILCHIMP) TO SEND
ANNOUNCEMENTS EVERY MONTH OR SO TO OUR PRINT SUBSCRIBERS	AND NEWSLETTER
SUBSCRIBERS.	
WEBSITE AND BLOG:	
THE PARIS REVIEW'S WEB ACTIVITIES FURTHER FOSTER THE PARI	S REVIEW
FOUNDATION'S EXEMPT PURPOSES, AS DESCRIBED ABOVE. THEY AL	SO OFFER AN
OPPORTUNITY TO ATTRACT NEW SUBSCRIBERS AND POTENTIAL DONO	RS TO THE
PARIS REVIEW.	
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HA	S MEMBERS, BUT
SUCH MEMBERS ARE NOT DIVIDED INTO CLASSES. THEY HAVE THE	RIGHT TO ELECT
DIRECTORS, AMEND BY-LAWS, AND TAKE ALL SUCH OTHER ACTS TH	AT MEMBERS ARE
ENTITLED TO TAKE UNDER DELAWARE LAW.	
FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION H	AS MEMBERS, BUT
SUCH MEMBERS ARE NOT DIVIDED INTO CLASSES. THEY HAVE THE	RIGHT TO ELECT
DIRECTORS, AMEND BY-LAWS, AND TAKE ALL SUCH OTHER ACTS TH	AT MEMBERS ARE
ENTITLED TO TAKE UNDER DELAWARE LAW.	
FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS HAVE T	HE RIGHT TO ELECT
OR REMOVE DIRECTORS, INCREASE OR DECREASE THE SIZE OF THE	BOARD OF
DIRECTORS, FILL VACANCIES ON THE BOARD OF DIRECTORS AND A	MEND THE BY-LAWS
OF THE PARIS REVIEW. IN ADDITION THE MEMBERS HAVE THE POW	ER TO TAKE OTHER
ACTIONS THAT MEMBERS ARE ENTITLED TO TAKE UNDER DELAWARE	LAW OR UNDER THE
BY-LAWS OF THE PARIS REVIEW. THE MEMBERS ACT BY THE VOTE 032212 01-24-11 Sched	OF A MAJORITY OF Jule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010) Page 2 Name of the organization **Employer identification number** THE PARIS REVIEW FOUNDATION, INC. 13-4081729 THE MEMBERS UNLESS OTHERWISE REQUIRED BY LAW. THE MEMBERS CAN ACT BY WRITTEN CONSENT OF A MAJORITY OF THE MEMBERS UNLESS OTHERWISE REQUIRED BY LAW. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON THE BEHALF OF THE BOARD. FORM 990, PART VI, SECTION B, LINE 11: THE MEMBERS OF THE BOARD OF DIRECTORS REVIEW AND APPROVE THE 990, AND THE CHAIRMAN OF THE FINANCE COMMITTEE REVIEWS AND APPROVES ALL FINANCIAL RESULTS BEFORE SIGNING. FORM 990, PART VI, SECTION B, LINE 12C: AT THE EARLIEST PRACTICABLE TIME AFTER BECOMING AWARE OF AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST ON HIS OR HER OWN PART OR ON THE PART OF A FAMILY MEMBER, EVERY MEMBER OF THE BOARD OF DIRECTORS AND EACH KEY EMPLOYEE MUST DISCLOSE THE EXISTENCE OF THE INTEREST THAT COULD GIVE RISE TO A CONFLICT OF INTEREST. IF THE BOARD OF DIRECTORS OR A COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A COVERED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST. IT MUST INFORM THAT PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THAT PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE PERSON'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OF DIRECTORS OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT MUST TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. AFTER A COVERED PERSON DISCLOSES HIS OR HER INTEREST, HE OR SHE MAY PRESENT AND DISCUSS THE INTEREST, BUT MUST LEAVE THE MEETING OF THE BOARD OR

THE POTENTIAL CONFLICT IS REVIEWED BY THE FULL BOARD OF DIRECTORS OR Schedule O (Form 990 or 990-EZ) (2010)

COMMITTEE DURING DELIBERATION AND VOTING.

Employer identification number

13-4081729

THE TRANSACTION IS UNDER CONSIDERATION BY A COMMITTEE WITH BOARD-DELEGATED POWERS, BY SUCH COMMITTEE. 75% OF ALL DISINTERESTED DIRECTORS ENTITLED TO VOTE ON THE BOARD OR AS PART OF THE BOARD-DELEGATED COMMITTEE, RESPECTIVELY, MUST DETERMINE THAT NO CONFLICT EXISTS IN ORDER FOR THE CONFLICT TO BE CLEARED. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, 75% OF THE DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS ENTITLED TO VOTE MUST DETERMINE THAT THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND THAT IT IS FAIR AND REASONABLE. BEGINNING IN FISCAL 2010, EVERY MEMBER OF THE BOARD OF DIRECTORS AND THE EDITOR IN CHIEF IS REQUIRED TO COMPLETE A YEARLY QUESTIONNAIRE DOCUMENTING ORGANIZATIONS IN WHICH HE OR SHE HAS A MATERIAL INTEREST, A CONTROLLING POSITION OR OF WHICH HE OR SHE IS A DIRECTOR OR OFFICER, AND DISCLOSING WHETHER HE OR SHE HAS ANY MATERIAL INTEREST, DIRECT OR INDIRECT, IN ANY TRANSACTION TO WHICH THE ORGANIZATION WAS OR WILL BE A PARTY.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE EDITOR IN

CHIEF WAS REVIEWED BY THE BOARD OF DIRECTORS AT A SEARCH COMMITTEE MEETING

OF THE BOARD OF DIRECTORS IN 2010 USING COMPARABLE SALARY AND BENEFITS

INFORMATION FOR LITERARY AND OTHER NONPROFIT ORGANIZATIONS OF COMPARABLE

SIZE AND/OR OPERATIONAL SCOPE.

FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:

-49,600.

032212

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization THE PARIS REVIEW FOUNDATION, INC.	Employer identification number 13-4081729
•	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR	SELECTION
PROCESS DURING THE TAX YEAR.	

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Application Return Code Is For Application Return Code Is For Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11	If you	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			X
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file form 990-T (or Part il with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, with war war so you'felle and click on e-file for Cantes & Nonprofits. Part I	If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of this	form)		
required to file Form 990-T, or an additional (not automatic) 3-month extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated Wth Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, wist www irs govietifie and click on e-file for Charties & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit onginal (no copies needed).	o not o	complete Part II unless you have already been granted a	n automai	tic 3-month extension on a previously fil	led For	m 8868	
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b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	_		enter anv	refundable credits and			
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c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,	_						
by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$		-	•		3c	\$	0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instruction					n 8879-	EO for payment inst	ructions
LHA For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2							

Form 8868 (Rev. 1-2011)					, Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension (complete only Part II and check this bo			X	
Note. Only complete Part II if you have already been granted an a				8868		
If you are filing for an Automatic 3-Month Extension, comple						
Part II Additional (Not Automatic) 3-Month E			opies r	needed)		
Name of exempt organization				loyer identification	number	
Type or						
print THE PARIS REVIEW FOUNDATION	TNC	_	1	3-4081729		
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions						
due date for 62 WHITE STREET NO. 4W						
return See City, town or post office, state, and ZIP code For a fo	oreign add	iress, see instructions				
INSTRUCTIONS NEW YORK, NY 10013	y	,			\ ~	
			•			
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
and application to the first		арриналия	•	• • •		
Application	Return	Application	-		Return	
ls For	Code	Is For			Code	
Form 990	01					
Form 990-BL	02	Form 1041-A			08	
Form 990-EZ	01	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11_	
Form 990-T (trust other than above)	Form 8870			12		
STOP! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a previou	sly file	ed Form 8868.		
THE ORGANIZATION						
• The books are in the care of ▶ 62 WHITE STREE!	T, NO	. 4W - NEW YORK, NY	100	13		
Telephone No ► 212-343-1333		FAX No. ▶				
If the organization does not have an office or place of business	s in the Ur	nited States, check this box				
If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	ıs ıs fo	r the whole group, o	heck this	
box If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extension is	for	
4 request an additional 3-month extension of time until	OCTO	BER 15, 2012				
5 For calendar year, or other tax year beginning	DEC 1	, 2010 , and ending _	NOV	30, 2011		
6 If the tax year entered in line 5 is for less than 12 months, c			Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension						
ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO						
COMPLETE THE RETURN.						
		·				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
nonrefundable credits See instructions			8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated		ı		
tax payments made Include any prior year overpayment allowed as a credit and any amount paid						
previously with Form 8868			_8b	\$	0.	
c Balance due. Subtract line 8b from line 8a. Include your pa	ayment wit	th this form, if required, by using	ļ			
EFTPS (Electronic Federal Tax Payment System) See instru			_8c	\$	0.	
•		id Verification				
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this form	ling accomp orm.	panying schedules and statements, and to th	e best o	f my knowledge and b	elief,	
Signature ► Title ► .	TREAS	URER	Date	_		
				Form 8868 (R	ev. 1-2011)	