

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation NEIL JANE WILLIAM ESTELLE GOLUB FAMILY FOUNDATION INC		A Employer identification number 22-2809785	
Number and street (or P.O. box number if mail is not delivered to street address) 461 NOTT STREET		Room/suite	B Telephone number (see instructions)  (518) 379-1863
City or town, state or province, country, and ZIP or foreign postal code SCHENECTADY, NY 12308		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 15,177,650	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	257,747			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	34,584	18,105		
	4 Dividends and interest from securities . . . . .	332,071	332,071		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	788,507			
	b Gross sales price for all assets on line 6a _____ 7,326,394				
	7 Capital gain net income (from Part IV, line 2) . . . . .		924,303		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total. Add lines 1 through 11 . . . . .	1,412,909	1,274,479		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	381	381		0
	b Accounting fees (attach schedule) . . . . .	3,500	3,500		0
	c Other professional fees (attach schedule) . . . . .	130,853	129,515		0
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	10,044	667		0
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	833	797		0
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	145,611	134,860		0
	25 Contributions, gifts, grants paid . . . . .	2,624,412			2,624,412
	26 Total expenses and disbursements. Add lines 24 and 25	2,770,023	134,860		2,624,412
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-1,357,114			
	b Net investment income (if negative, enter -0-)		1,139,619		
c Adjusted net income (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		<b>(a)</b> Book Value	<b>(b)</b> Book Value	<b>(c)</b> Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	313,144	266,221	266,221
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,403		
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	10,297,104	9,108,454	13,789,970
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	1,028,777	909,266	1,121,459
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	11,643,428	10,283,941	15,177,650	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	11,643,428	10,283,941	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	0	0	
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	11,643,428	10,283,941	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	11,643,428	10,283,941		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	11,643,428
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-1,357,114
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	10,286,314
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	2,373
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	10,283,941

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	924,303
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	2,200,354	16,613,921	0.132440
2017	2,366,921	19,065,992	0.124144
2016	1,381,388	17,215,799	0.080240
2015	1,272,082	18,748,412	0.067850
2014	1,459,692	19,614,054	0.074421
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.479095
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.095819
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			<b>4</b> 15,769,163
<b>5</b> Multiply line 4 by line 3			<b>5</b> 1,510,985
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 11,396
<b>7</b> Add lines 5 and 6			<b>7</b> 1,522,381
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 2,624,412

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	11,396
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	11,396
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	11,396
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	9,360
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	11,190
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	20,550
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	9,154
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <b>▶</b> 9,154 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>▶</b> \$ 0 <b>(2)</b> On foundation managers. <b>▶</b> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>▶</b> \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> DE		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ▶ <u>JENNIFER KENNEALLY</u> Telephone no. ▶ <u>(518) 379-1863</u>			

Located at ▶ 461 NOTT STREET SCHENECTADY NY ZIP+4 ▶ 12308

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ <b>15</b>			
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>	<b>No</b>

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

			Yes	No
<b>5a</b>	During the year did the foundation pay or incur any amount to:			
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>			
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			
	If "Yes" to 6b, file Form 8870.			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7b</b>	
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NEIL M GOLUB 461 NOTT STREET SCHENECTADY, NY 12308	PRESIDENT - AS NEEDED 0.00	0	0	0
MONA GOLUB 461 NOTT STREET SCHENECTADY, NY 12308	SECRETARY - AS NEEDED 0.00	0	0	0

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

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

**Total** number of other employees paid over \$50,000. . . . . ► 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . . ▶		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b> PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPORT, BY CONTRIBUTIONS, OTHER CHARITABLE ORGANIZATIONS EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501(C)(3).	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
Total. Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	15,928,825
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	80,478
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	16,009,303
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	16,009,303
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	240,140
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	15,769,163
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	788,458

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	788,458
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	11,396
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	11,396
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	777,062
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	777,062
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	777,062

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	2,624,412
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	2,624,412
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	11,396
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	2,613,016

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				777,062
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .	505,149			
<b>b</b> From 2015. . . . .	360,011			
<b>c</b> From 2016. . . . .	526,680			
<b>d</b> From 2017. . . . .	1,441,129			
<b>e</b> From 2018. . . . .	1,388,372			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	4,221,341			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>2,624,412</u>				
<b>a</b> Applied to 2018, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				777,062
<b>e</b> Remaining amount distributed out of corpus	1,847,350			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	6,068,691			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	505,149			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	5,563,542			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .	360,011			
<b>b</b> Excess from 2016. . . . .	526,680			
<b>c</b> Excess from 2017. . . . .	1,441,129			
<b>d</b> Excess from 2018. . . . .	1,388,372			
<b>e</b> Excess from 2019. . . . .	1,847,350			

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

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

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

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

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

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

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

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

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

**c** Any submission deadlines:

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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	2,624,412
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated.

[illegible]

## Part XVII

- |   |  |    |  |    |
|---|--|----|--|----|
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .  | 1c |  | No |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |    |  |    |

[illegible]

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

- | b If "Yes," complete the following schedule. |                          |                                 |
|--|--------------------------|---------------------------------|
| (a) Name of organization                     | (b) Type of organization | (c) Description of relationship |
|  |                          |                                 |
|  |                          |                                 |
|  |                          |                                 |
|  |                          |                                 |

**Sign  
Here**

\*\*\*\*\*

Title

(see instr.) ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	CHRISTINE OLIVER CPA		2020-11-05		P01275316
	Firm's name ▶ TEAL BECKER & CHIARAMONTE CPAS PC				Firm's EIN ▶ 14-1624930
	Firm's address ▶ 7 WASHINGTON SQUARE ALBANY, NY 12205				Phone no. (518) 456-6663

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
KARPUS US BANK #9130 ST	P		2019-12-31
KARPUS US BANK #9130 LT	P		2019-12-31
GOLDMAN SACHS #9879 ST	P		2019-12-31
GOLDMAN SACHS #9879 LT	P		2019-12-31
GOLDMAN SACHS #9887 ST	P		2019-12-31
GOLDMAN SACHS #9887 LT	P		2019-12-31
GOLDMAN SACHS #0793 ST	P		2019-12-31
GOLDMAN SACHS #0793 LT	P		2019-12-31
GOLDMAN SACHS #9281 ST	P		2019-12-31
GOLDMAN SACHS #9281 LT	P		2019-12-31

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
1,024,088		971,549	52,539
2,067,882		1,758,139	309,743
37,277		33,477	3,800
126,111		81,869	44,242
75,399		68,912	6,487
110,488		72,097	38,391
283,385		296,444	-13,059
1,363,269		1,280,035	83,234
15,048		17,320	-2,272
26,047		28,014	-1,967

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			52,539
			309,743
			3,800
			44,242
			6,487
			38,391
			-13,059
			83,234
			-2,272
			-1,967

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
GOLDMAN SACHS #2847 ST	P		2019-12-31
GOLDMAN SACHS #2854 ST	P		2019-12-31
GOLDMAN SACHS #2862 ST	P		2019-12-31
FENIMORE CHARLES SCHWAB #8668 LT	P		2019-12-31
WELLS FARGO #3478 ST	P		2019-12-31
WELLS FARGO #3478 LT	P		2019-12-31
DYNAMIC EQUITY MANAGERS PORT 2 K-1 ST	P		2019-12-31
DYNAMIC EQUITY MANAGERS PORT 2 K-1 LT	P		2019-12-31
SALE OF DONATED SECURITIES	D		2019-06-12
SALE OF DONATED SECURITIES	D		2019-06-12

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
108,495		108,417	78
175,424		173,387	2,037
28,707		30,480	-1,773
591,698		252,202	339,496
343,554		339,907	3,647
2,347		1,953	394
7,209			7,209
67,792			67,792
67,947		37,377	30,570
186,563		76,512	110,051

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			78
			2,037
			-1,773
			339,496
			3,647
			394
			7,209
			67,792
			30,570
			110,051

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, <b>(a)</b> 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
DYNAMIC EQUITY RETURN OF CAPITAL	P		2019-12-31
COST BASIS ADJUSTMENTS	P		2019-12-31
CAPITAL GAINS DIVIDENDS	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
600,000		600,000	0
		174,000	-174,000
17,664			17,664

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
<b>(i)</b> F.M.V. as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i) over col. (j), if any	
			0
			-174,000
			17,664



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ADL A WORLD OF DIFFERENCEALBANY ALBANY, NY 12203	N/A	PUBLIC	UNRESTRICTED	45,000
ADL A WORLD OF DIFFERENCEALBANY ALBANY, NY 12203	N/A	PUBLIC	UNRESTRICTED	45,000
ADL A WORLD OF DIFFERENCEALBANY ALBANY, NY 12203	N/A	PUBLIC	UNRESTRICTED	45,000
<b>Total . . . . .</b> ► <b>3a</b>				2,624,412

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ADL A WORLD OF DIFFERENCEALBANY ALBANY, NY 12203	N/A	PUBLIC	UNRESTRICTED	45,000
ALBANY CITIZEN LAUREATE 1400 WASHINGTON AVE ALBANY, NY 12222	N/A	PUBLIC	UNRESTRICTED	500
ALBANY INSTITUTE MUSEUM 125 WASHINGTON AVE ALBANY, NY 12210	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALBANY INSTITUTE OF HISTORY AND ART 125 WASHINGTON AVE ALBANY, NY 12210	N/A	PUBLIC	UNRESTRICTED	1,000
ALBANY INSTITUTE OF HISTORY AND ART 125 WASHINGTON AVE ALBANY, NY 12210	N/A	PUBLIC	UNRESTRICTED	150
ALBANY PRO MUSICA30 2ND ST TROY, NY 12180	N/A	PUBLIC	UNRESTRICTED	5,000
<b>Total . . . . .</b> ► <b>3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALBANY RED CROSS - ALBANY FIRE VICTIMS 33 EVERETT RD ALBANY, NY 12205	N/A	PUBLIC	UNRESTRICTED	5,000
ALSACST JUDE CHILDREN'S RESEARCH HOSPITAL 2 PINE WEST PLAZA 202 ALBANY, NY 12205	N/A	PUBLIC	UNRESTRICTED	1,000
ALZHEIMER'S ASSOCATION 4 PINE WEST PLAZA 405 ALBANY, NY 12205	N/A	PUBLIC	UNRESTRICTED	10,000
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALZHEIMER'S ASSOCIATION 4 PINE WEST PLAZA 405 ALBANY, NY 12205	N/A	PUBLIC	UNRESTRICTED	500
AMERICAN CANCER SOCIETY 1 PENNY LN LATHAM, NY 12110	N/A	PUBLIC	UNRESTRICTED	700
AMERICAN CANCER SOCITY1 PENNY LN LATHAM, NY 12110	N/A	PUBLIC	UNRESTRICTED	12,500
<b>Total . . . . . ▶ 3a</b>				2,624,412

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION 4 ATRIUM DR ALBANY, NY 12205	N/A	PUBLIC	UNRESTRICTED	15,000
AMERICAN JEWISH COMMITTEE 165 E 56TH ST NEW YORK, NY 10022	N/A	PUBLIC	UNRESTRICTED	2,500
AMERICAN RED CROSSPO BOX 37839 BOONE, IA 500370839	N/A	PUBLIC	UNRESTRICTED	25,000
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ARTS CENTER OF THE CAPITAL REGION 265 RIVER ST TROY, NY 12180	N/A	PUBLIC	UNRESTRICTED	500
BEST BACKSTRETCH EMPLOYEE SERVICE TEAM OF NEW YORK 2150 HEMPSTREAD TURNPIKE GATE 6 COTTAGE 28B ELMONT, NY 11003	N/A	PUBLIC	UNRESTRICTED	15,000
BET SHRAGA HEBREW ACADEMY OF THE CAPITAL DISTRICT 100 ACADEMY RD 100 ALBANY, NY 12208	N/A	PUBLIC	UNRESTRICTED	400
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BIG BROTHERS BIG SISTERS 1698 CENTRAL AVE ALBANY, NY 12205	N/A	PUBLIC	UNRESTRICTED	300
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION 1698 CENTRAL AVE ALBANY, NY 12205	N/A	PUBLIC	UNRESTRICTED	15,000
BOYS & GIRLS CLUBS OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				2,624,412



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOYS & GIRLS CLUBS OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	N/A	PUBLIC	UNRESTRICTED	100,000
BOYS & GIRLS CLUBS OF SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	N/A	PUBLIC	UNRESTRICTED	5,000
BREAST CANCER RESEARCH FOUNDATION 28 WEST 44TH ST SUITE 609 NEW YORK, NY 10036	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BREAST CANCER RESEARCH FOUNDATION 28 WEST 44TH ST SUITE 609 NEW YORK, NY 10036	N/A	PUBLIC	UNRESTRICTED	125,000
BROOKSIDE MUSEUM6 CHARLTON ST BALLSTON SPA, NY 12020	N/A	PUBLIC	UNRESTRICTED	250
BROOKSIDE MUSEUM6 CHARLTON ST BALLSTON SPA, NY 12020	N/A	PUBLIC	UNRESTRICTED	350
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CAMP GAN ISRAEL487 PARKSVILLE RD PARKSVILLE, NY 12768	N/A	PUBLIC	UNRESTRICTED	640
CAPITAL DISTRICT WOMEN'S EMPLOYMENT & RESOURCE CENTER 175 CENTRAL AVE ALBANY, NY 12206	N/A	PUBLIC	UNRESTRICTED	150
CAPITAL ROOTS594 RIVER ST TROY, NY 12180	N/A	PUBLIC	UNRESTRICTED	300
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CENTER FOR DISABILITY SERVICES FOUNDATION INC 314 S MANNING BLVD ALBANY, NY 12208	N/A	PUBLIC	UNRESTRICTED	100
CENTER FOR DISABILITY SERVICES FOUNDATION INC 1523 STATE ST SCHENECTADY, NY 12304	N/A	PUBLIC	UNRESTRICTED	2,500
CHARLEY'S FUND FIGHTING DUCHENNE MUSCULAR DYSTROPHY 635 MAIN STREET SUITE 3 GREAT BARRINGTON, MA 01230	N/A	PUBLIC	UNRESTRICTED	1,000
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHARLIE POLIZZI'S WARRIOR OF THE ANGELS PO BOX 779 VALATIE, NY 12184	N/A	PUBLIC	UNRESTRICTED	100
CITY OF SCHENECTADY - MUSIC HAVEN 376 BROADWAY SCHENECTADY, NY 12305	N/A	PUBLIC	UNRESTRICTED	575
CLOWNS ON ROUNDSPO BOX 6364 ALBANY, NY 12206	N/A	PUBLIC	UNRESTRICTED	5,625
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CLOWNS ON ROUNDSPO BOX 6364 ALBANY, NY 12206	N/A	PUBLIC	UNRESTRICTED	5,625
CLOWNS ON ROUNDSPO BOX 6364 ALBANY, NY 12206	N/A	PUBLIC	UNRESTRICTED	5,625
CLOWNS ON ROUNDSPO BOX 6364 ALBANY, NY 12206	N/A	PUBLIC	UNRESTRICTED	5,625
<b>Total . . . . . ▶ 3a</b>				2,624,412

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CONGREGATION GATES OF HEAVEN 852 ASHMORE AVE SCHENECTADY, NY 12309	N/A	PUBLIC	UNRESTRICTED	43,000
CONGREGATION GATES OF HEAVEN 852 ASHMORE AVE SCHENECTADY, NY 12309	N/A	PUBLIC	UNRESTRICTED	2,500
CONGREGATION GATES OF HEAVEN 852 ASHMORE AVE SCHENECTADY, NY 12309	N/A	PUBLIC	UNRESTRICTED	50,000
<b>Total . . . . .</b> ► <b>3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CONGREGATION GATES OF HEAVEN 852 ASHMORE AVE SCHENECTADY, NY 12309	N/A	PUBLIC	UNRESTRICTED	50,000
CYSTIC FIBROSIS FOUNDATION 455 PATROON CREEK BLVD ALBANY, NY 12206	N/A	PUBLIC	UNRESTRICTED	250
DOMINICAN RETREAT & CONFERENCE CENTER 1945 UNION ST NISKAYUNA, NY 12309	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . .</b> ► <b>3a</b>				2,624,412



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DOMINICAN RETREAT & CONFERENCE CENTER 1945 UNION ST NISKAYUNA, NY 12309	N/A	PUBLIC	UNRESTRICTED	250
DOUBLE H RANCH 97 HIDDEN VALLEY RD LAKE LUZERNE, NY 12846	N/A	PUBLIC	UNRESTRICTED	330
DOUBLE H RANCH 97 HIDDEN VALLEY RD LAKE LUZERNE, NY 12846	N/A	PUBLIC	UNRESTRICTED	37,500
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
DOUBLE H RANCH 97 HIDDEN VALLEY RD LAKE LUZERNE, NY 12846	N/A	PUBLIC	UNRESTRICTED	10,000
DOUBLE H RANCH 97 HIDDEN VALLEY RD LAKE LUZERNE, NY 12846	N/A	PUBLIC	UNRESTRICTED	100,000
DRAKE FOUNDATION FOR CHILDREN PO BOX 3575 SARATOGA SPRINGS, NY 12866	N/A	PUBLIC	UNRESTRICTED	300
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EQUINOX INC500 CENTRAL AVE ALBANY, NY 12206	N/A	PUBLIC	UNRESTRICTED	250
FAMILIES IN NEED OF ASSISTANCE 69 BROOKLINE AVENUE ALBANY, NY 12203	N/A	PUBLIC	UNRESTRICTED	250
FMI FOUNDATION 2345 CRYSTAL DRIVE SUITE 800 ARLINGTON, VA 22202	N/A	PUBLIC	UNRESTRICTED	13,000
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FOWLER CAMP & RETREAT CENTER 152 PELCHER RD LAKE PLEASANT, NY 12108	N/A	PUBLIC	UNRESTRICTED	250
FRIENDS OF THE GREENHOUSE PO BOX 1377 SCHENECTADY, NY 123011377	N/A	PUBLIC	UNRESTRICTED	200
GIRLS INC962 ALBANY ST SCHENECTADY, NY 12206	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				2,624,412

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GIRLS INC962 ALBANY ST SCHENECTADY, NY 12206	N/A	PUBLIC	UNRESTRICTED	500
GIRLS INC962 ALBANY ST SCHENECTADY, NY 12206	N/A	PUBLIC	UNRESTRICTED	5,000
GIRLS INCOF THE GREATER CAPITAL REGION 962 ALBANY ST SCHENECTADY, NY 12206	N/A	PUBLIC	UNRESTRICTED	10,000
<b>Total . . . . . ▶ 3a</b>				2,624,412

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HADASSAH184 WASHINGTON AVE ALBANY, NY 12203	N/A	PUBLIC	UNRESTRICTED	1,000
HANCOCK SHAKER VILLAGE 1843 WEST HOUSATONIC ST PITTSFIELD, MA 01201	N/A	PUBLIC	UNRESTRICTED	500
HOUSEWARES CHARITY FOUNDATION 6400 SHAFER COURT SUITE 650 ROSEMONT, IL 60018	N/A	PUBLIC	UNRESTRICTED	5,000
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HUDSON HEADWATERS HEALTH FOUNDATION 9 CAREY RD QUEENSBURY, NY 12804	N/A	PUBLIC	UNRESTRICTED	25,000
HYDE GALA MUSEUM GLENS FALLS 161 WARREN ST GLENS FALLS, NY 12801	N/A	PUBLIC	UNRESTRICTED	300
JEWISH FEDERATION OF NORTHEASTERN NEW YORK 184 WASHINGTON AVE EXT ALBANY, NY 12203	N/A	PUBLIC	UNRESTRICTED	91,250
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JEWISH FEDERATION OF NORTHEASTERN NEW YORK 184 WASHINGTON AVE EXT ALBANY, NY 12203	N/A	PUBLIC	UNRESTRICTED	91,250
JEWISH FEDERATION OF NORTHEASTERN NEW YORK 184 WASHINGTON AVE EXT ALBANY, NY 12203	N/A	PUBLIC	UNRESTRICTED	91,250
JEWISH FEDERATION OF NORTHEASTERN NEW YORK 184 WASHINGTON AVE EXT ALBANY, NY 12203	N/A	PUBLIC	UNRESTRICTED	91,250
<b>Total</b> . . . . .			▶ <b>3a</b>	2,624,412



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JEWISH NATIONAL FUND42 E 69TH ST NEW YORK, NY 10021	N/A	PUBLIC	UNRESTRICTED	2,500
JEWISH NATIONAL FUND42 E 69TH ST NEW YORK, NY 10021	N/A	PUBLIC	UNRESTRICTED	2,500
JEWISH NATIONAL FUND42 E 69TH ST NEW YORK, NY 10021	N/A	PUBLIC	UNRESTRICTED	5,000
<b>Total . . . . .</b> ► <b>3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JEWISH NATIONAL FUND42 E 69TH ST NEW YORK, NY 10021	N/A	PUBLIC	UNRESTRICTED	10,000
JUNIOR ACHIEVEMENT8 STANLEY CIR LATHAM, NY 12110	N/A	PUBLIC	UNRESTRICTED	500
JUVENILE DIABETES RESEARCH FOUNDATION 950 NEW LOUDON RD LATHAM, NY 12110	N/A	PUBLIC	UNRESTRICTED	400
<b>Total . . . . . ▶ 3a</b>				2,624,412

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KIDS ARTS FESTIVAL432 STATE ST SCHENECTADY, NY 12305	N/A	PUBLIC	UNRESTRICTED	550
LAKE GEROGE ASSOCIATION 2392 STATE ROUTE 9N PO BOX 408 LAKE GEORGE, NY 12845	N/A	PUBLIC	UNRESTRICTED	500
LAKE GEROGE FIRE DEPARTMENT 179 OTTAWA ST LAKE GEORGE, NY 12845	N/A	PUBLIC	UNRESTRICTED	150
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LIVING RESOUCES FOUNDATION 300 WASHINGTON AVE ALBANY, NY 12203	N/A	PUBLIC	UNRESTRICTED	5,000
LIVING RESOURCES FOUNDATION 300 WASHINGTON AVE ALBANY, NY 12203	N/A	PUBLIC	UNRESTRICTED	500
LLS1 MARCUS BLVD 104 ALBANY, NY 12205	N/A	PUBLIC	UNRESTRICTED	1,500
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MATOGOU CLEAN WATER PROJECT HAITISCHENECTADY ROTARY CLUB PO BOX 346 SCHENECTADY, NY 12301	N/A	PUBLIC	UNRESTRICTED	500
MISCI15 NOTT TERRACE HEIGHTS SCHENECTADY, NY 12308	N/A	PUBLIC	UNRESTRICTED	1,383
MISCI15 NOTT TERRACE HEIGHTS SCHENECTADY, NY 12308	N/A	PUBLIC	UNRESTRICTED	100,000
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MISCI15 NOTT TERRACE HEIGHTS SCHENECTADY, NY 12308	N/A	PUBLIC	UNRESTRICTED	30,000
MISCI15 NOTT TERRACE HEIGHTS SCHENECTADY, NY 12308	N/A	PUBLIC	UNRESTRICTED	200,000
MISCI15 NOTT TERRACE HEIGHTS SCHENECTADY, NY 12308	N/A	PUBLIC	UNRESTRICTED	100,000
<b>Total . . . . .</b> ► <b>3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MISCI15 NOTT TERRACE HEIGHTS SCHENECTADY, NY 12308	N/A	PUBLIC	UNRESTRICTED	100,000
MISCI - GALA SPONSORSHIP 15 NOTT TERRACE HEIGHTS SCHENECTADY, NY 12308	N/A	PUBLIC	UNRESTRICTED	5,000
MOHAWK HUDSON HUMANE SOCIETY 3 OAKLAND AVE MENANDS, NY 12204	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MUSIC HAVEN STAGE 500 IROQUOIS PATH SCHENECTADY, NY 12309	N/A	PUBLIC	UNRESTRICTED	12,500
NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN - NY REGION 359 BALLSTON AVENUE SARATOGA SPRINGS, NY 128664723	N/A	PUBLIC	UNRESTRICTED	400
NATIONAL MUSEUM OF RACING AND HALL OF FAME 191 UNION AVE SARATOGA SPRINGS, NY 12866	N/A	PUBLIC	UNRESTRICTED	1,500
<b>Total . . . . . ▶ 3a</b>				2,624,412



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEW YORK STATE TROOPER FOUNDATION 1220 WASHINGTON AVE ALBANY, NY 12226	N/A	PUBLIC	UNRESTRICTED	500
NORTHEAST KIDNEY FOUNDATION 22 COLVIN AVE ALBANY, NY 12206	N/A	PUBLIC	UNRESTRICTED	500
NORTHEAST KIDNEY FOUNDATION 22 COLVIN AVE ALBANY, NY 12206	N/A	PUBLIC	UNRESTRICTED	5,000
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
NORTHEASTERN ASSOCIATION OF THE BLIND AT ALBANY 301 WASHINGTON AVE ALBANY, NY 12206	N/A	PUBLIC	UNRESTRICTED	300
PANCREATIC CANCER ACTION NETWORK 300 PARK AVENUE NEW YORK, NY 10022	N/A	PUBLIC	UNRESTRICTED	5,000
PARK PLAYHOUSEPO BOX 525 ALBANY, NY 12201	N/A	PUBLIC	UNRESTRICTED	1,000
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PLANNED PARENTHOOD1040 STATE ST SCHENECTADY, NY 12307	N/A	PUBLIC	UNRESTRICTED	1,500
PLAY FOR PINK175 E 74TH ST 17B NEW YORK, NY 10021	N/A	PUBLIC	UNRESTRICTED	2,500
PROCTORS432 STATE ST SCHENECTADY, NY 12305	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PROCTOR'S432 STATE ST SCHENECTADY, NY 12305	N/A	PUBLIC	UNRESTRICTED	10,000
PROCTOR'S432 STATE ST SCHENECTADY, NY 12305	N/A	PUBLIC	UNRESTRICTED	100,000
PROTECT THE ADIRONDACKS 105 OVEN MOUNTAIN RD JOHNSBURG, NY 12843	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
REGIONAL FOOD BANK 965 ALBANY-SHAKER RD ALBANY, NY 12210	N/A	PUBLIC	UNRESTRICTED	15,000
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK 965 ALBANY-SHAKER RD LATHAM, NY 12110	N/A	PUBLIC	UNRESTRICTED	500
RENSSELAER COUNTY HISTORICAL SOCIETY 57 2ND ST TROY, NY 12180	N/A	PUBLIC	UNRESTRICTED	250
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ROCHESTER PHILHARMONIC ORCHESTRA 255 EAST AVE ROCHESTER, NY 14604	N/A	PUBLIC	UNRESTRICTED	100
ROSE GARDEN RESTORATION COMMITTEE 1791 CENTRAL PKWY SCHENECTADY, NY 12309	N/A	PUBLIC	UNRESTRICTED	200
SAFE INC OF SCHENECTADY 1344 ALBANY ST SCHENECTADY, NY 13304	N/A	PUBLIC	UNRESTRICTED	250
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SARATOGA CHILDREN'S THEATRE PO BOX 3487 SARATOGA SPRINGS, NY 12866	N/A	PUBLIC	UNRESTRICTED	500
SARATOGA PERFORMING ARTS CENTER 108 AVENUE OF THE PINES SARATOGA, NY 12866	N/A	PUBLIC	UNRESTRICTED	15,000
SARATOGA SPONSOR-A-SCHOLAR PO BOX 107 SARATOGA SPRINGS, NY 12866	N/A	PUBLIC	UNRESTRICTED	1,000
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SCHENECTADY CITY MISSION 425 HAMILTON STREET SCHENECTADY, NY 12305	N/A	PUBLIC	UNRESTRICTED	1,500
SCHENECTADY COUNTY COMMUNITY COLLEGE FOUNDATION 78 WASHINGTON AVE SCHENECTADY, NY 12305	N/A	PUBLIC	UNRESTRICTED	300
SCHENECTADY COUNTY PUBLIC LIBRARY 99 CLINTON ST SCHENECTADY, NY 12305	N/A	PUBLIC	UNRESTRICTED	50,000
<b>Total . . . . . ▶ 3a</b>				2,624,412



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SCHENECTADY DAY NURSERY 25 LAFAYETTE ST SCHENECTADY, NY 12305	N/A	PUBLIC	UNRESTRICTED	1,710
SCHENECTADY DAY NURSERY 25 LAFAYETTE ST SCHENECTADY, NY 12305	N/A	PUBLIC	UNRESTRICTED	25,000
SCHENECTADY JCC2565 BALLTOWN RD SCHENECTADY, NY 12309	N/A	PUBLIC	UNRESTRICTED	2,500
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SCHENECTADY JCC2565 BALLTOWN RD SCHENECTADY, NY 12309	N/A	PUBLIC	UNRESTRICTED	250
SCHENECTADY JEWISH COMMUNITY CENTER 2565 BALLTOWN RD SCHENECTADY, NY 12309	N/A	PUBLIC	UNRESTRICTED	30,000
SENIOR SERVICES OF ALBANY 28 COLVIN AVE 2 ALBANY, NY 12206	N/A	PUBLIC	UNRESTRICTED	190
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SHELLSTRONG FOUNDATION INC 6 VIENNA COURT BURNT HILLS, NY 12027	N/A	PUBLIC	UNRESTRICTED	250
SOROPTIMIST INTERNATIONAL OF SCHENECTADY PO BOX 9303 SCHENECTADY, NY 12309	N/A	PUBLIC	UNRESTRICTED	500
ST JUDE CHILDREN'S RESEARCH HOSPITAL 2 PINE WEST PLAZA 202 MEMPHIS, TN 12205	N/A	PUBLIC	UNRESTRICTED	20,000
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
STAND UP TO PARKINSON'S INC PO BOX 137 CLIFTON PARK, NY 12065	N/A	PUBLIC	UNRESTRICTED	5,000
SUNNYVIEW REHABILITATION HOSPITAL FOUNDATION 1270 BELMONT AVE SCHENECTADY, NY 12308	N/A	PUBLIC	UNRESTRICTED	10,000
THE AMERICAN CANCER SOCIETY - REAL MEN WEAR PINK 1 PENNY LN LATHAM, NY 12110	N/A	PUBLIC	UNRESTRICTED	150
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE COMMUNITY FOUNDATION 2 TOWER PL ALBANY, NY 12203	N/A	PUBLIC	UNRESTRICTED	100,000
THE COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION 2 TOWER PL ALBANY, NY 12203	N/A	PUBLIC	UNRESTRICTED	500
THE COMMUNITY HOSPICE FOUNDATION 310 S MANNING BLVD ALBANY, NY 12208	N/A	PUBLIC	UNRESTRICTED	2,500
<b>Total . . . . . ▶ 3a</b>				2,624,412

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE CULINARY INSTITUTE OF AMERICA 1946 CAMPUS DR HYDE PARK, NY 12538	N/A	PUBLIC	UNRESTRICTED	4,500
THE DOANE STUART SCHOOL 199 WASHINGTON AVE RENSSELAER, NY 12144	N/A	PUBLIC	UNRESTRICTED	400
THE FOUNDATION FOR ELLIS MEDICINE 1101 NOTT ST SCHENECTADY, NY 12308	N/A	PUBLIC	UNRESTRICTED	40,000
<b>Total . . . . .</b> ► <b>3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE FOUNDATION FOR ELLIS MEDICINE 1101 NOTT ST SCHENECTADY, NY 12308	N/A	PUBLIC	UNRESTRICTED	30,000
THE FOUNDATION OF MOHAWK VALLEY LIBRARIES 858 DUANESBURGH ROAD SCHENECTADY, NY 12306	N/A	PUBLIC	UNRESTRICTED	1,000
THE FUND FOR LAKE GEORGE 2199 US 9 LAKE GEORGE LAKE GEORGE, NY 12845	N/A	PUBLIC	UNRESTRICTED	25,000
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE REGIONAL FOOD BANK 918 STANLEY ST SCHENECTADY, NY 12307	N/A	PUBLIC	UNRESTRICTED	549
THE SCHENECTADY CIVIC PLAYERS 12 S CHURCH ST SCHENECTADY, NY 12305	N/A	PUBLIC	UNRESTRICTED	5,000
THE WORKING GROUP ON GIRLS OF SCHENECTADY INC PO BOX 9407 SCHENECTADY, NY 12308	N/A	PUBLIC	UNRESTRICTED	150
<b>Total . . . . . ▶ 3a</b>				2,624,412



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TO LIFE110 SPRING ST SARATOGA SPRINGS, NY 12866	N/A	PUBLIC	UNRESTRICTED	200
TO LIFE110 SPRING ST SARATOGA SPRINGS, NY 12866	N/A	PUBLIC	UNRESTRICTED	250
TROY MIDDLE SCHOOL PTO 1976 BURDETT AVE TROY, NY 12180	N/A	PUBLIC	UNRESTRICTED	250
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TWO TOGETHER INCPO BOX 1397 ALBANY, NY 122011397	N/A	PUBLIC	UNRESTRICTED	250
UNION COLLEGE807 UNION ST SCHENECTADY, NY 12308	N/A	PUBLIC	UNRESTRICTED	25,000
UNION COLLEGE807 UNION ST SCHENECTADY, NY 12308	N/A	PUBLIC	UNRESTRICTED	200,000
<b>Total . . . . .</b> ► <b>3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED WAY OF THE GREATER CAPITAL REGION 1 UNITED WAY ALBANY, NY 12205	N/A	PUBLIC	UNRESTRICTED	25,000
UNITED WAY OF THE GREATER CAPITAL REGION 1 UNITED WAY ALBANY, NY 12205	N/A	PUBLIC	UNRESTRICTED	385
UNITY HOUSE2431 SIXTH AVE TROY, NY 12180	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WHISKERS ANIMAL BENEVOLENT LEAGUE PO BOX 11190 ALBANY, NY 12211	N/A	PUBLIC	UNRESTRICTED	250
WILDWOOD FOUNDATION 2995 CURRY RD SCHENECTADY, NY 12303	N/A	PUBLIC	UNRESTRICTED	450
WILDWOOD FOUNDATION 2995 CURRY RD SCHENECTADY, NY 12303	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				2,624,412

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WMHT4 GLOBAL VIEW TROY, NY 121808375	N/A	PUBLIC	UNRESTRICTED	250
WOMENS AGAINST MS 1000 ELMWOOD AVE SUITE 900 ROCHESTER, NY 14620	N/A	PUBLIC	UNRESTRICTED	100
WOMENS AGAINST MS 1000 ELMWOOD AVE SUITE 900 ROCHESTER, NY 14620	N/A	PUBLIC	UNRESTRICTED	1,000
<b>Total . . . . . ▶ 3a</b>				2,624,412

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WOMEN'S EMPLOYMENT & RESOURCE CENTER 175 CENTRAL AVE ALBANY, NY 12206	N/A	PUBLIC	UNRESTRICTED	250
WOUNDED WARRIORS 370 7TH AVE SUITE 1802 NEW YORK, NY 10001	N/A	PUBLIC	UNRESTRICTED	250
YWCA NORTHEASTERN NY 44 WASHINGTON AVE SCHENECTADY, NY 12305	N/A	PUBLIC	UNRESTRICTED	200
<b>Total . . . . . ▶ 3a</b>				2,624,412

**TY 2019 Accounting Fees Schedule**

**Name:** NEIL JANE WILLIAM ESTELLE GOLUB FAMILY  
FOUNDATION INC

**EIN:** 22-2809785

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,500	3,500		0

**TY 2019 Investments Corporate Stock Schedule**

**Name:** NEIL JANE WILLIAM ESTELLE GOLUB FAMILY  
FOUNDATION INC

**EIN:** 22-2809785

**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
GOLDMAN SACHS #0793	859,429	900,873
GOLDMAN SACHS #9879	171,132	253,252
GOLDMAN SACHS #9281	102,340	116,253
FENIMORE CHARLES SCHWAB #8668	960,389	2,556,339
KARPUS US BANK #9130	4,911,923	5,384,308
WELLS FARGO #3478	279,636	311,193
GOLUB CORP 57,173 SHARES	643,190	3,007,872
GOLDMAN SACHS #2847	429,452	478,556
GOLDMAN SACHS #2854	648,928	666,733
GOLDMAN SACHS #2862	102,035	114,591



**TY 2019 Investments - Other Schedule**

**Name:** NEIL JANE WILLIAM ESTELLE GOLUB FAMILY  
FOUNDATION INC

**EIN:** 22-2809785

**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
DYNAMIC EQUITY MANAGERS PORT 2	AT COST	509,266	680,027
NON-US EQUITY MANAGERS: PORTFOLIO 4 LLC	AT COST	400,000	441,432

**TY 2019 Legal Fees Schedule**

**Name:** NEIL JANE WILLIAM ESTELLE GOLUB FAMILY  
FOUNDATION INC

**EIN:** 22-2809785

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	381	381		0

**TY 2019 Other Decreases Schedule**

**Name:** NEIL JANE WILLIAM ESTELLE GOLUB FAMILY  
FOUNDATION INC

**EIN:** 22-2809785

Description	Amount
BOOK TO TAX COST BASIS DIF	2,373

**TY 2019 Other Expenses Schedule**

**Name:** NEIL JANE WILLIAM ESTELLE GOLUB FAMILY  
FOUNDATION INC

**EIN:** 22-2809785

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	22	22		0
STATE FILING FEES	775	775		0
NONDEDUCTIBLE PASS THROUGH ITEMS FROM K-1	34	0		0
DYNAMIC EQUITY MANAGERS PORT 2 K-1 NET IRC 988 LOSS	2	0		0

**TY 2019 Other Professional Fees Schedule**

**Name:** NEIL JANE WILLIAM ESTELLE GOLUB FAMILY  
FOUNDATION INC

**EIN:** 22-2809785

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT ADVISORY FEES	120,853	119,515		0
CONSULTING FEES	10,000	10,000		0

**TY 2019 Taxes Schedule**

**Name:** NEIL JANE WILLIAM ESTELLE GOLUB FAMILY  
FOUNDATION INC

**EIN:** 22-2809785

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	667	667		0
FEDERAL TAXES PAID	9,377	0		0

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047
		<b>2019</b>
Name of the organization NEIL JANE WILLIAM ESTELLE GOLUB FAMILY FOUNDATION INC		<b>Employer identification number</b> 22-2809785

Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
NEIL JANE WILLIAM ESTELLE GOLUB FAMILY  
FOUNDATION INC

Employer identification number  
22-2809785

**Part I**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEIL M GOLUB 1021 ROSENDALE ROAD  SCHENECTADY, NY 12309	\$ 257,747	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)



Name of organization NEIL JANE WILLIAM ESTELLE GOLUB FAMILY FOUNDATION INC	Employer identification number 22-2809785
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<b>Part II</b> Noncash Property			
(a) No. from Part I	(b) Description of noncash property given (see instructions). Use duplicate copies of Part II if additional space is needed.	(c) FMV (or estimate) (See instructions)	(d) Date received
1	INVESTMENT SECURITIES	\$ 257,747	2019-06-07
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

22-2809785

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)* ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)