

Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation****or Section 4947(a)(1) Trust Treated as Private Foundation**

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990PF for instructions and the latest information.

2019**Open to Public
Inspection****For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019**

Name of foundation REVIEW FOUNDATION		A Employer identification number 22-3252633	
Number and street (or P.O. box number if mail is not delivered to street address) 20 CORPORATE WOODS BLVD		B Telephone number (see instructions) (518) 465-4747	
City or town, state or province, country, and ZIP or foreign postal code ALBANY, NY 12211		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"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ►\$ <u>15,078,923</u>	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.)	

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)		342,323		
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments		4,693	4,693	
	4 Dividends and interest from securities		144,080	144,080	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10		193,131		
	b Gross sales price for all assets on line 6a	590,382			
	7 Capital gain net income (from Part IV, line 2)			193,131	
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)		250,478	401,333	
	12 Total. Add lines 1 through 11	934,705		743,237	
Operating and Administrative Expenses	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)				
	b Accounting fees (attach schedule)		2,155	0	2,155
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)		19,651	406	0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)		81,011	52,504	28,507
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	102,817		52,910	30,662
	25 Contributions, gifts, grants paid	647,325			647,325
	26 Total expenses and disbursements. Add lines 24 and 25	750,142		52,910	677,987
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	184,563			
	b Net investment income (if negative, enter -0-)		690,327		
	c Adjusted net income (if negative, enter -0-)				

	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	Assets				
1	Cash—non-interest-bearing		175,946	267,823	267,823
2	Savings and temporary cash investments		301,623	155,069	155,069
3	Accounts receivable ►				
	Less: allowance for doubtful accounts ►				
4	Pledges receivable ►				
	Less: allowance for doubtful accounts ►				
5	Grants receivable				
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
7	Other notes and loans receivable (attach schedule) ►				
	Less: allowance for doubtful accounts ►				
8	Inventories for sale or use				
9	Prepaid expenses and deferred charges				
10a	Investments—U.S. and state government obligations (attach schedule)				
b	Investments—corporate stock (attach schedule)		5,793,072	5,988,922	10,664,301
c	Investments—corporate bonds (attach schedule)		3,908,807	3,988,412	3,971,607
11	Investments—land, buildings, and equipment: basis ►				
	Less: accumulated depreciation (attach schedule) ►				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)				
14	Land, buildings, and equipment: basis ►				
	Less: accumulated depreciation (attach schedule) ►				
15	Other assets (describe ►)		11,344	10,651	20,123
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)		10,190,792	10,410,877	15,078,923
	Liabilities				
17	Accounts payable and accrued expenses				
18	Grants payable		25,000	140,000	
19	Deferred revenue				
20	Loans from officers, directors, trustees, and other disqualified persons				
21	Mortgages and other notes payable (attach schedule)				
22	Other liabilities (describe ►)				
23	Total liabilities (add lines 17 through 22)		25,000	140,000	
	Net Assets or Fund Balances				
24	Net assets without donor restrictions				
25	Net assets with donor restrictions				
	Foundations that follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 24, 25, 29 and 30.				
26	Capital stock, trust principal, or current funds		10,165,792	10,270,877	
27	Paid-in or capital surplus, or land, bldg., and equipment fund		0	0	
28	Retained earnings, accumulated income, endowment, or other funds		0	0	
29	Total net assets or fund balances (see instructions)		10,165,792	10,270,877	
30	Total liabilities and net assets/fund balances (see instructions)		10,190,792	10,410,877	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	10,165,792
2	Enter amount from Part I, line 27a	2	184,563
3	Other increases not included in line 2 (itemize) ►	3	178,022
4	Add lines 1, 2, and 3	4	10,528,377
5	Decreases not included in line 2 (itemize) ►	5	257,500
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	10,270,877

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.)
1a See Additional Data Table				
b				
c				
d				
e				
(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) 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	
a See Additional Data Table				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2 193,131
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8				3

Part V 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.

 Yes No

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

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	654,673	14,052,615	0.046587
2017	603,113	13,362,966	0.045133
2016	646,405	12,353,915	0.052324
2015	565,407	12,602,196	0.044866
2014	556,126	12,302,966	0.045203
2 Total of line 1, column (d)			2 0.234113
3 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			3 0.046823
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			4 14,222,914
5 Multiply line 4 by line 3			5 665,960
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 6,903
7 Add lines 5 and 6			7 672,863
8 Enter qualifying distributions from Part XII, line 4			8 677,987

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)

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.	1	6,903
	Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
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	1	6,903
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	6,903
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.	5	6,903
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	11,560
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	9,000
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	20,560
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	13,657
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ► 13,657	11	Refunded ► 0

Part VII-A Statements Regarding Activities

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

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►N/A	13	Yes
14	The books are in care of ►MARY ELLEN WALTERSDORF	Telephone no. ►(518) 465-4747	
Located at ►20 CORP WOODS SUITE 600 ALBANY NY			ZIP+4 ►12211
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here.	► 15	<input type="checkbox"/>
16	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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<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? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	1b	
c	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?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	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	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.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
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?	4b	No

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

5a	During the year did the foundation pay or incur any amount to:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?				
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?				
(3) Provide a grant to an individual for travel, study, or other similar purposes?				
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.				
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?				
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b	
Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>				
c	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).				
6a	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	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
7a	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	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment 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
See Additional Data Table				
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 NONE	(b) Type of service	(c) Compensation
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
1		
2		
3		
4		
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
1		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3 ►	0	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities.	1a	13,817,442
b Average of monthly cash balances.	1b	601,852
c Fair market value of all other assets (see instructions).	1c	20,213
d Total (add lines 1a, b, and c).	1d	14,439,507
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2 Acquisition indebtedness applicable to line 1 assets.	2	0
3 Subtract line 2 from line 1d.	3	14,439,507
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	216,593
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	14,222,914
6 Minimum investment return. Enter 5% of line 5.	6	711,146

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► <input type="checkbox"/> and do not complete this part.)		
1 Minimum investment return from Part X, line 6.	1	711,146
2a Tax on investment income for 2019 from Part VI, line 5.	2a	6,903
b Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c Add lines 2a and 2b.	2c	6,903
3 Distributable amount before adjustments. Subtract line 2c from line 1.	3	704,243
4 Recoveries of amounts treated as qualifying distributions.	4	0
5 Add lines 3 and 4.	5	704,243
6 Deduction from distributable amount (see instructions).	6	0
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	704,243

Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	677,987
b Program-related investments—total from Part IX-B.	1b	0
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required).	3a	
b Cash distribution test (attach the required schedule).	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	677,987
5 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.	5	6,903
6 Adjusted qualifying distributions. Subtract line 5 from line 4.	6	671,084
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
1 Distributable amount for 2019 from Part XI, line 7				704,243
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			652,110	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 677,987			652,110	
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				25,877
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019. <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>		0		0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b Prior years' undistributed income. Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.			0	
d Subtract line 6c from line 6b. Taxable amount—see instructions			0	
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				0
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				678,366
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.				

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

Part 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).)
RHEA P CLARK

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)				
a Paid during the year See Additional Data Table				
Total			► 3a	647,325
b Approved for future payment ACADEMY OF THE HOLY NAMES 1075 NEW SCOTLAND ROAD ALBANY, NY 12208	NONE	PC	CAPITAL CAMPAIGN	50,000
Total			► 3b	50,000

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	4,693	
4 Dividends and interest from securities.			14	144,080	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.			14	250,478	
8 Gain or (loss) from sales of assets other than inventory			18	193,131	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e).		0		592,382	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)					592,382

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

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

a Transfers from the reporting foundation to a noncharitable exempt organization of:

(1) Cash. . .

- (1) Sales of assets to a noncharitable exempt organization.
- (2) Purchases of assets from a noncharitable exempt organization.
- (3) Rental of facilities, equipment, or other assets.
- (4) Reimbursement arrangements.
- (5) Loans or loan guarantees.
- (6) Performance of services or membership or fundraising solicitations.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. 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.

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

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

2020-08-14

May the IRS discuss this
return
with the preparer shown
below
(see instr.) Yes No

Signature of officer or trustee

Date

>Title

**Sign
Here**

**Paid
Preparer
Use Only**

					(see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name RICHARD PIANOFORTE	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN P00844777
	Firm's name ► FIDUCIARY TRUST COMPANY INTERNATIONAL				Firm's EIN ► 13-5069335
	Firm's address ► 280 PARK AVENUE NEW YORK, NY 10017				Phone no. (212) 632-3000

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

(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.)
UNION PACIFIC CORP		2019-05-20	2019-10-10
ANHEUSER-BUSCH INBEV NV SPN ADR		2011-12-13	2019-03-04
ARAMARK		2015-04-02	2019-05-30
BERKSHIRE HATHAWAY INC		1991-11-15	2019-05-01
BERKSHIRE HATHAWAY INC		1991-11-15	2019-05-20
CVS CORP		1996-02-28	2019-04-04
CONOCOPHILLIPS		2013-04-12	2019-02-21
CONOCOPHILLIPS		2013-04-12	2019-09-06
MICROSOFT CORP		2011-03-28	2019-05-01
OCCIDENTAL PETE CORP		2014-11-10	2019-02-21

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 (h) plus expense of sale	(h) (e) plus (f) minus (g)
42,550		48,176	-5,626
52,564		37,106	15,458
47,689		44,272	3,417
21,697		564	21,133
40,313		1,129	39,184
34,314		4,467	29,847
14,014		11,968	2,046
42,541		44,695	-2,154
25,869		5,144	20,725
40,139		51,328	-11,189

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			Gains (Col. (h) gain minus col. (k), but not less than -0-) or (l) Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col. (i) (k) over col. (j), if any	
			-5,626
			15,458
			3,417
			21,133
			39,184
			29,847
			2,046
			-2,154
			20,725
			-11,189

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.)
PEPSICO INC		1994-10-06	2019-02-21
PFIZER INC		2016-02-29	2019-12-04
3M COMPANY		2005-01-19	2019-06-18
VANGUARD SHORT-TERM INV GRADE FD		2016-08-08	2019-01-03
VANGUARD SHORT-TERM INV GRADE FD		2016-08-08	2019-01-03
RECKITT BENCKISER GROUP PLC		2011-03-02	2019-01-09

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
17,366		2,200	15,166
64,516		52,023	12,493
68,131		33,110	35,021
5,659		5,826	-167
19,341		19,914	-573
53,679		35,329	18,350

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			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	Adjusted basis (j) as of 12/31/69	Excess of col. (i) (k) over col. (j), if any	
			15,166
			12,493
			35,021
			-167
			-573
			18,350

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
RHEA P CLARK	PRESIDENT 2.00	0	0	0
20 CORPORATE WOODS BLVD ALBANY, NY 12211				
JAMES CLARK JR	VICE PRESIDENT 1.00	0	0	0
20 CORPORATE WOODS BLVD ALBANY, NY 12211				
KATHLEEN CLARK	SECRETARY 1.00	0	0	0
20 CORPORATE WOODS BLVD ALBANY, NY 12211				
ELIZABETH CLARK	TREASURER 1.00	0	0	0
20 CORPORATE WOODS BLVD ALBANY, NY 12211				
JEFFREY B CLARK	DIRECTOR 1.00	0	0	0
20 CORPORATE WOODS BLVD ALBANY, NY 12211				

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)				
<i>a Paid during the year</i>				
ACADEMY OF THE HOLY NAMES 1075 NEW SCOTLAND ROAD ALBANY, NY 12208	NONE	PC	PARTNERS IN EDUCATION: MAGGIE	5,000
ACADEMY OF THE HOLY NAMES 1075 NEW SCOTLAND ROAD ALBANY, NY 12208	NONE	PC	2ND INSTALLMENT ON 3-YEAR PLEDGE: INVEST. INSPIRE. IGNITE. CAPITAL CAMPAIGN	50,000
ACADEMY OF THE HOLY NAMES 1075 NEW SCOTLAND ROAD ALBANY, NY 12208	NONE	PC	MAN ENDOWED SCHOLARSHIP	5,000
Total			► 3a	647,325

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)				
a Paid during the year				
ACADEMY OF THE HOLY NAMES 1075 NEW SCOTLAND ROAD ALBANY, NY 12208	NONE	PC	1ST INSTALLMENT ON 3-YEAR PLEDGE: INVEST. INSPIRE. IGNITE. CAPITAL CAMPAIGN	50,000
AGRICULTURAL STEWARDSHIP ASSOCIATION 2531 STATE ROUTE 40 GREENWICH, NY 12834	NONE	PC	CF: FARM-TO-FORK PROGRAM	5,000
ALBANY ACADEMICS 135 ACADEMY ROAD ALBANY, NY 12208	NONE	PC	BETSY: ANNUAL FUND, BOYS VARSITY SWIM & BOYS VARSITY BASKETBALL	15,000
Total			► 3a	647,325

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)				
<i>a Paid during the year</i>				
ALBANY DAMIEN CENTER 728 MADISON AVENUE ALBANY, NY 122083302	NONE	PC	CF: SMART MEALS	3,000
ALBANY FUND FOR EDUCATION PO BOX 3110 ALBANY, NY 12203	NONE	PC	CF: THE FEED AND READ PROGRAM	15,000
ALBANY INSTITUTE OF HISTORY & ART 125 WASHINGTON AVENUE ALBANY, NY 12210	NONE	PC	EDUCATION; TITLE 1 SCHOOL FIELD TRIP PROGRAM	10,000
Total			► 3a	647,325

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)				
<i>a Paid during the year</i>				
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC 119 ALBANY, NY 12208	NONE	PC	JIM: AMC RADIOTHON	1,000
ALBANY POLICE ATHLETIC LEAGUE 844 MADISON AVENUE ALBANY, NY 12208	NONE	PC	JIM: 2019 BREAKFAST OF CHAMPIONS (DID NOT ATTEND)	1,000
ALBANY SYMPHONY ORCHESTRA 19 CLINTON AVENUE ALBANY, NY 12207	NONE	PC	2019 GIFT	5,000
Total			► 3a	647,325

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)				
<i>a Paid during the year</i>				
AMERICAN CANCER SOCIETY PO BOX 1100 SYRACUSE, NY 132011100	NONE	PC	BESTY P. MCCAFFERY COACHES V. CANCER	7,500
AMHERST COLLEGEPO BOX 5000 AMHERST, MA 010025000	NONE	PC	IMO JAMES A. CLARK '53	1,000
BABY INSTITUTEPO BOX 774 ALBANY, NY 12201	NONE	PC	CF: PARENT ENGAGEMENT	5,000
Total			► 3a	647,325

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)				
a Paid during the year				
BEACON OF HOPE SCHOLARSHIP FUND 40 NORTH MAIN AVENUE ALBANY, NY 12203	NONE	PC	SCHOLARSHIP	1,000
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION 1698 CENTRAL AVENUE ALBANY, NY 12205	NONE	PC	2019 GIFT	5,000
BOYS & GIRLS CLUBS OF ALBANY INC 21 DELAWARE AVENUE ALBANY, NY 12210	NONE	PC	CK: MAKERSPACE PROGRAM	10,000
Total			► 3a	647,325

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)				
a Paid during the year				
CAPITAL REGION SPONSOR-A-SCHOLAR 1 UNITED WAY ALBANY, NY 12205	NONE	PC	CF:STUDENT SPONSORSHIP	3,000
CAPITAL REGION YOUTH TENNIS FOUNDATION 785 WASHINGTON AVENUE ALBANY, NY 12206	NONE	PC	FINAL INSTALLMENT ON 3-YEAR PLEDGE: YOUR SERVE CAMPAIGN	10,000
CAPITAL REGION YOUTH TENNIS FOUNDATION INC 785 WASHINGTON AVENUE ALBANY, NY 12206	NONE	PC	CF: EDUCATIONAL PROGRAMS	10,000
Total			► 3a	647,325

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)				
a Paid during the year				
CAPITAL REPERTORY THEATRE 432 STATE STREET SCHENECTADY, NY 12305	NONE	PC	ON-THE-GO!	5,000
CAPITAL ROOTS INC 594 RIVER STREET TROY, NY 12180	NONE	PC	CF: URBAN GROW CENTER	25,000
CAPTAIN COMMUNITY HUMAN SERVICES 5 MUNICIPAL PLAZA SUITE 3 CLIFTON PARK, NY 12065	NONE	PC	STREET OUTREACH PROJECT	5,000
Total			► 3a	647,325

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)				
<i>a Paid during the year</i>				
CATHOLIC CHARITIES (SUNNYSIDE DEVELOPMENT CENTER) 40 N MAIN AVENUE ALBANY, NY 12203	NONE	PC	CAMP SCHOLARSHIP	1,000
CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY 40 NORTH MAIN AVENUE ALBANY, NY 12203	NONE	PC	NIGHT AT THE MUSEUM SPONSOR - FULLY DEDUCTIBLE	5,000
CATHOLIC NEAR EAST WELFARE ASSOCIATION (CNEWA) 1011 1ST AVENUE FLOOR 15 NEW YORK, NY 100224195	NONE	PC	IHO FR BOB STERN; IMO FR JOHN NOLAN	2,000
Total			► 3a	647,325

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)				
a Paid during the year				
CENTER FOR DISABILITY SERVICES 314 SOUTH MANNING BLVD ALBANY, NY 12208	NONE	PC	DOWN SYNDROME AIM HIGH RESOURCE CENTER	5,000
CHILDREN'S MUSEUM OF SCIENCE AND TECHNOLOGY (CMOST) 250 JORDAN ROAD TROY, NY 12180	NONE	PC	2019 GIFT	1,000
CHURCH OF THE IMMACULATE CONCEPTION 400 SARATOGA ROAD GLENVILLE, NY 12302	NONE	PC	IMO FR. THOMAS CONNERY - PARISH CENTER BUILDING FUND	1,000
Total			► 3a	647,325

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)				
<i>a Paid during the year</i>				
COMMUNITY FOUNDATION FOR THE GREATER CAPITAL REGION 2 TOWER PLACE ALBANY, NY 12203	NONE	PC	CAMPAIGN FOR IMPACT	10,000
COMMUNITY HOSPICE FOUNDATION 310 SOUTH MANNING BOULEVARD ALBANY, NY 12208	NONE	PC	ST. PETER'S HOSPITAL COMMUNITY HOSPICE	5,000
COMMUNITY MATERNITY SERVICES 27 NORTH MAIN AVENUE ALBANY, NY 12203	NONE	PC	IMO BILL KLEIN	5,000
Total			► 3a	647,325

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)				
a Paid during the year				
DESTROYER ESCORT HISTORICAL MUSEUM (DEHM) PO BOX 1926 ALBANY, NY 122011926	NONE	PC	2019 GIFT	1,500
DOUBLE H RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 128463318	NONE	PC	A MAGICAL EVENING	1,000
EAST SIDE NEIGHBORHOOD RECREATION CENTER 596 PAWLING AVENUE TROY, NY 12180	NONE	PC	CF: FOOD & HEALTH CONNECTION	5,000
Total			► 3a	647,325

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)				
a Paid during the year				
EMPIRE STATE YOUTH ORCHESTRA 432 STATE STREET SCHENECTADY, NY 12305	NONE	PC	CF: YOUNG LEADERS PROGRAM	10,000
FAMILY PROMISE OF THE CAPITAL REGION 738 NEW SCOTLAND AVENUE ALBANY, NY 12208	NONE	PC	2019 GIFT	10,000
FAST BREAK FUND ONE MUSTANG DRIVE COHOES, NY 12047	NONE	PC	2020 SUMMER CAMP SCHOLARSHIP PROGRAM	5,000
Total			► 3a	647,325

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)				
a Paid during the year				
FOLDS OF HONOR NY 8551 N 125TH E AVE SUITE 100 OWASSO, OK 74055	NONE	PC	JIM	10,000
FOOD PANTRIES FOR THE CAPITAL DISTRICT INC 32 ESSEX STREET ALBANY, NY 12206	NONE	PC	INFANT NEEDS	5,000
FRIENDS IN ACTIONPO BOX 866 DURHAM, NH 03824	NONE	PC	IHO: KELSEY SPLAINE	7,500
Total			► 3a	647,325

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)				
a Paid during the year				
GIRLS ON THE RUN CAPITAL REGION 916 WESTERN AVENUE ALBANY, NY 12203	NONE	PC	CF: ANY GIRL CAN BE A GIRL ON THE RUN...WITH A LITTLE HELP	7,500
HAITIAN HEALTH FOUNDATION 97 SHERMAN STREET NORWICH, CT 06360	NONE	PC	IHO DR. R MARK SULLIVAN	1,000
KAGANDO FOUNDATION PO BOX 723 DORSET, VT 05251	NONE	PC	WATER SYSTEM	5,000
Total			► 3a	647,325

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)				
a Paid during the year				
KOINONIA PRIMARY CARE 553 CLINTON AVENUE ALBANY, NY 12206	NONE	PC	CF: GENERAL OPERATING SUPPORT	20,000
LASALLE SCHOOL FOUNDATION 391 WESTERN AVENUE ALBANY, NY 122031491	NONE	PC	JIM: ANNUAL APPEAL	5,000
LAST CALL FOUNDATION 73 ELM STREET COHASSET, MA 02025	NONE	PC	JIM: GO EMMA HAYES - 2019 BOSTON MARATHON	2,500
Total			► 3a	647,325

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)				
a Paid during the year				
LUZERNE MUSIC CENTER PO BOX 39 LAKE LUZERNE, NY 12846	NONE	PC	2019 GIFT	3,000
MARIA COLLEGE 700 NEW SCOTLAND AVENUE ALBANY, NY 12208	NONE	PC	ALLIED HEALTH SCHOLARSHIP	5,000
MOHAWK HUDSON HUMANE SOCIETY 3 OAKLAND AVENUE MENANDS, NY 12204	NONE	PC	JIM: #114	1,000
Total			► 3a	647,325

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)				
a Paid during the year				
NATIONAL MULTIPLE SCLEROSIS SOCIETY PO BOX 91891 WASHINGTON, DC 200901891	NONE	PC	KACY: SEATTLE ON THE MOVE	500
NORTH COUNTRY MINISTRY PO BOX 478 WARRENSBURG, NY 12885	NONE	PC	2019 GIFT	1,000
PARK PLAYHOUSE INC PO BOX 525 ALBANY, NY 12201	NONE	PC	31ST SEASON EDUCATIONAL PROGRAMS AND PRODUCTIONS	5,000
Total			► 3a	647,325

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)				
<i>a Paid during the year</i>				
PARSONS CHILD AND FAMILY CENTER 60 ACADEMY ROAD ALBANY, NY 12208	NONE	PC	CF: CAPITAL REGION CHILD AND ADOLESCENT MOBILE CRISIS TEAM	5,000
PEDIATRIC BRAIN TUMOR RESEARCH FUND PO BOX 9784 SEATTLE, WA 98109	NONE	PC	KACY: RUN OF HOPE/TEAM MAX	2,500
PETER G YOUNG FOUNDATION 428 DUANE AVENUE SCHENECTADY, NY 12304	NONE	PC	2019 GIFT	5,000
Total			► 3a	647,325

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)				
a Paid during the year				
RADIX ECOLOGICAL SUSTAINABILITY CENTER 153 GRAND STREET ALBANY, NY 12202	NONE	PC	CF: ENVIRONMENTAL EDUCATION PROGRAM	5,000
RED BOOKSHELF INC 22 VALLEYVIEW DRIVE ALBANY, NY 12208	NONE	PC	CF: 2019 CAPACITY PLANNING FUNDING	7,975
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK 965 ALBANY-SHAKER ROAD LATHAM, NY 12110	NONE	PC	RETAIL STORE DONATION PROGRAM	5,000
Total			► 3a	647,325

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)				
a Paid during the year				
ROMAN CATHOLIC DIOCESE OF ALBANY 40 NORTH MAIN AVENUE ALBANY, NY 12203	NONE	PC	BISHOP'S APPEAL	15,000
ROMAN CATHOLIC DIOCESE OF BURLINGTON 5 JOY DRIVE SOUTH BURLINGTON, VT 05403	NONE	PC	BISHOP'S APPEAL: CHRIST OUR SAVIOR PARISH	3,000
RONALD MCDONALD HOUSE CHARITIES OF THE CAPITAL REGION 139 SOUTH LAKE AVENUE ALBANY, NY 12208	NONE	PC	CF: ROOM RENOVATIONS	5,000
Total			► 3a	647,325

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)				
a Paid during the year				
SAINT ANNE FOUNDATIONPO BOX 6305 ALBANY, NY 12206	NONE	PC	SAINT ANNE INSTITUTE	5,000
SAINT GREGORY'S SCHOOL 121 OLD NISKAYUNA ROAD LOUDONVILLE, NY 10000	NONE	PC	JIM: PADDLE RAISE	5,000
SAINT GREGORY'S SCHOOL 121 OLD NISKAYUNA ROAD LOUDONVILLE, NY 12211	NONE	PC	2019 HEADMASTER'S GALA (FULLY DEDUCTIBLE)	10,000
Total			► 3a	647,325

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)				
<i>a Paid during the year</i>				
SAINT GREGORY'S SCHOOL 121 OLD NISKAYUNA ROAD LOUDONVILLE, NY 12211	NONE	PC	JIM: ANNUAL FUND	10,000
SARATOGA PERFORMING ARTS CENTER 108 AVENUE OF THE PINES SARATOGA SPRINGS, NY 128666296	NONE	PC	2019 GIFT	5,000
SEATTLE PREPATORY SCHOOL 2400 ELEVENTH AVENUE EAST SEATTLE, WA 981024098	NONE	PC	KACY:"COVER THE GAP" ANNUAL FUND	5,350
Total			► 3a	647,325

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)				
a Paid during the year				
SPIRIT OF ASSISI FOUNDATION INC PO BOX 11015 LOUDONVILLE, NY 12211	NONE	PC	CF: ASSISI IN ALBANY - JOBS PLACEMENT PROGRAM	5,000
SPIRIT OF ASSISI FOUNDATION INC (ASSISI IN ALBANY) PO BOX 11015 LOUDONVILLE, NY 12211	NONE	PC	JIM	1,000
SPIRIT OF ASSISI FOUNDATION INC (ASSISI IN ALBANY) PO BOX 11015 LOUDONVILLE, NY 12211	NONE	PC	JIM	5,000
Total			► 3a	647,325

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)				
a Paid during the year				
ST FRANCIS COLLEGE 180 REMSEN STREET BROOKLYN HEIGHTS, NY 11201	NONE	PC	JOHN M. PRENDERVILLE '62 MEMORIAL SCHOLARSHIP	1,000
ST PETER'S HOSPITAL FOUNDATION 310 SOUTH MANNING BOULEVARD ALBANY, NY 12208	NONE	PC	2019 ANNUAL CAMPAIGN	5,000
ST PIUS X CHURCH 23 CRUMITIE ROAD LOUDONVILLE, NY 12211	NONE	PC	2019 GIFT	10,000
Total			► 3a	647,325

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)				
<i>a Paid during the year</i>				
ST PIUS X CHURCH 23 CRUMITIE ROAD LOUDONVILLE, NY 12211	NONE	PC	GROWING OUR FAITH CAPITAL CAMPAIGN	50,000
STOLEN YOUTH PO BOX 296 SEATTLE, WA 98111	NONE	PC	KACY: NOT ON OUR WATCH" FULLY DEDUCTIBLE	1,000
THE FAMILY RESTORED 17 BISHOP STREET SUITE 202 PORTLAND, ME 04103	NONE	PC	THE MIKE MEMORIAL 2019	2,000
Total			► 3a	647,325

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)				
a Paid during the year				
TRINITY ALLIANCE OF THE CAPITAL REGION INC 15 TRINITY PLACE ALBANY, NY 12202	NONE	PC	CF: AFTER-SCHOOL AND SUMMER CAMP PROGRAM	10,000
TRINITY WASHINGTON UNIVERSITY 125 MICHIGAN AVENUE NE WASHINGTON, DC 20017	NONE	PC	TC '62; ANNUAL FUND	1,000
TROY SAVINGS BANK MUSIC HALL CORP 30 SECOND STREET TROY, NY 12180	NONE	PC	CF: MAIN SPEAKER SYSTEM UPGRADE	5,000
Total			► 3a	647,325

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)				
a Paid during the year				
UNDERGROUND RAILROAD HISTORY PROJECT OF THE CAPITAL REGION 194 LIVINGSTON AVENUE ALBANY, NY 12210	NONE	PC	CF: YOUNG ABOLITIONIST TEEN SCHOLARS' INSTITUTE 2020	5,000
UNITY HOUSE OF TROY 2431 SIXTH AVENUE TROY, NY 12180	NONE	PC	CHILDREN'S HOLIDAY PROGRAM	5,000
UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVE UAB 226 ALBANY, NY 12222	NONE	PC	WRITERS INSTITUTE	1,000
Total			► 3a	647,325

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)				
<i>a Paid during the year</i>				
WARRIORS FOR FREEDOM FOUNDATION 730 W WILSHIRE SUITE 116 OKLAHOMA CITY, OK 73116	NONE	PC	JIM: 2019 GIFT	5,000
WARRIORS ON WHEELS 32 MARWOOD STREET ALBANY, NY 12209	NONE	PC	WARRIORS ON WHEELS 32-20 PROJECT	10,000
WATER 1ST INTERNATIONAL 1904 3RD AVENUE SUITE 1012 SEATTLE, WA 98101	NONE	PC	KACY	5,000
Total			► 3a	647,325

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)				
<i>a Paid during the year</i>				
WHITNEY M YOUNG JR HEALTH CENTER INC 920 LARK DRIVE ALBANY, NY 12207	NONE	PC	CF: WHEELS TO WHITNEY	10,000
WILDWOOD FOUNDATION INC 1190 TROY SCHENECTADY ROAD LANTHAM, NY 12110	NONE	PC	COMMUNITY INTEGRATED ARTS PROGRAM	7,500
WMHT4 GLOBAL VIEW TROY, NY 121808375	NONE	PC	2019 GIFT	5,000
Total			► 3a	647,325

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)				
<i>a Paid during the year</i>				
YOUTH FX INC 25 WARREN STREET ALBANY, NY 12202	NONE	PC	CF: YOUTH FX DOC LAB	5,000
Total			► 3a	647,325

TY 2019 Accounting Fees Schedule

Name: REVIEW FOUNDATION**EIN:** 22-3252633

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEE	2,155	0		2,155

TY 2019 Investments Corporate Bonds Schedule

Name: REVIEW FOUNDATION

EIN: 22-3252633

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
VANGUARD SHORT TERM INV	3,988,412	3,971,607

TY 2019 Investments Corporate Stock Schedule

Name: REVIEW FOUNDATION

EIN: 22-3252633

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PARAMETRIC EMERGING MKTS	156,563	158,872
EQUITIES	720,033	2,381,789
MJP INTERNATIONAL	1,589,491	2,090,032
MJP LARGE CAP FUND	1,747,444	3,650,830
MJP SMALL CAP FUND	1,640,904	2,160,978
NEWPORT ASIA	134,487	221,800

TY 2019 Other Assets Schedule

Name: REVIEW FOUNDATION**EIN:** 22-3252633

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
KMP PROPERTIES	11,344	10,651	20,123

TY 2019 Other Decreases Schedule

Name: REVIEW FOUNDATION

EIN: 22-3252633

Description	Amount
INCREASE IN GRANTS PAYABLE	115,000
2018 CHECKS CLEARED IN 2019	142,500

TY 2019 Other Expenses Schedule

Name: REVIEW FOUNDATION**EIN:** 22-3252633**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CHAR500 NY FILING FEE	750	0		750
FIDUCIARY FEE	3,988	3,988		0
FIRST MANHATTAN FEES	20,719	20,719		0
NEW YORK LAW JOURANL	160	0		160
FTCI UNITIZATION	200	200		0
MJP HOLDINGS FEE	55,194	27,597		27,597

TY 2019 Other Income Schedule

Name: REVIEW FOUNDATION

EIN: 22-3252633

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
NEWPORT ASIA INSTITUTIONAL FUND	0	5,833	0
MJP LARGE CAP FUND LLC	163,790	225,750	0
MJP SMALL CAP FUND LLC	55,785	147,752	0
MJP INTERNATIONAL FUND LLC	30,903	22,691	0
KMP PROPERTIES	0	-693	0

TY 2019 Other Increases Schedule

Name: REVIEW FOUNDATION**EIN:** 22-3252633

Description	Amount
CHECKS WRITTEN IN 2019 AND NOT CLEARED	62,500
UNREALIZED ADJUSTMENT	115,522

TY 2019 Taxes Schedule

Name: REVIEW FOUNDATION**EIN:** 22-3252633

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	406	406		0
FEDERAL EXCISE TAX	19,245	0		0

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

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

2019Name of the organization
REVIEW FOUNDATIONEmployer identification number
22-3252633**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

501(c)() (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990-PF

501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

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

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 33¹/₃ 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
REVIEW FOUNDATIONEmployer identification number
22-3252633

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	RPC CHARITABLE LEAD ANNUITY TRUST 20 CORPORATE WOODS BLVD ALBANY, NY 12211	\$ 342,323	<input checked="" 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.)
		\$	<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
REVIEW FOUNDATION

Employer identification number

22-3252633

Part II		Noncash Property		
		(see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I		(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	
(a) No. from Part I		(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	
(a) No. from Part I		(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	
(a) No. from Part I		(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	
(a) No. from Part I		(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	
(a) No. from Part I		(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			\$	

