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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.
Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation
CONNIE AND BOB LURIE FOUNDATION INC

A Employer identification number
20-8004479

Number and street (or P O box number if mail is not delivered to street address)
PO BOX 610043

Room/suite

B Telephone number (see instructions)
(650) 320-1782

City or town, state or province, country, and ZIP or foreign postal code
REDWOOD CITY, CA 940610043

C If exemption application is pending, check here

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

D 1. Foreign organizations, check here

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

H Check type of organization

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

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

I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 26,211,408

J Accounting method

☒ Cash

☐ Accrual

☐ Other (specify)

(Part I, column (d) must be on cash basis)

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

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (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)	2,398,972		
	2 Check if the foundation is not required to attach Sch B			
	3 Interest on savings and temporary cash investments	11,578	11,578	
	4 Dividends and interest from securities	362,557	362,557	
	5a Gross rents			
	b Net rental income or (loss)			
	6a Net gain or (loss) from sale of assets not on line 10	1,814,220		
	b Gross sales price for all assets on line 6a			
		9,793,882		
	7 Capital gain net income (from Part IV, line 2)		1,814,220	
	8 Net short-term capital gain			
	9 Income modifications			
Operating and Administrative Expenses	10a Gross sales less returns and allowances			
	b Less Cost of goods sold			
	c Gross profit or (loss) (attach schedule)			
	11 Other income (attach schedule)			
	12 Total. Add lines 1 through 11	4,587,327	2,188,355	
	13 Compensation of officers, directors, trustees, etc			
	14 Other employee salaries and wages			
	15 Pension plans, employee benefits			
	16a Legal fees (attach schedule)			
	b Accounting fees (attach schedule)	6,644	3,322	3,322
	c Other professional fees (attach schedule)	136,404	136,404	
	17 Interest			
	18 Taxes (attach schedule) (see instructions)	60,362		
	19 Depreciation (attach schedule) and depletion			
	20 Occupancy			
	21 Travel, conferences, and meetings			
22 Printing and publications				
23 Other expenses (attach schedule)	106		106	
24 Total operating and administrative expenses. Add lines 13 through 23	203,516	139,726	3,428	
25 Contributions, gifts, grants paid	1,327,170		1,327,170	
26 Total expenses and disbursements. Add lines 24 and 25	1,530,686	139,726	1,330,598	
	27 Subtract line 26 from line 12			
	a Excess of revenue over expenses and disbursements	3,056,641		
	b Net investment income (if negative, enter -0-)		2,048,629	
c Adjusted net income(if negative, enter -0-)				

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2016)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing					
	2	Savings and temporary cash investments	1,192,925	1,020,225	1,020,225		
	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)	300,000	300,000	300,300		
	b	Investments—corporate stock (attach schedule)	15,124,797	16,892,312	20,442,251		
	c	Investments—corporate bonds (attach schedule)	2,137,569	1,531,464	1,530,763		
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)	905,126	2,944,038	2,917,869		
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)						
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	19,660,417	22,688,039	26,211,408			
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)		0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted	19,660,417	22,688,039			
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds					
	30	Total net assets or fund balances (see instructions)	19,660,417	22,688,039			
31	Total liabilities and net assets/fund balances (see instructions) .	19,660,417	22,688,039				

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 30 (must agree with end-of-year figure reported on prior year's return)	1 19,660,417
2	Enter amount from Part I, line 27a	2 3,056,641
3	Other increases not included in line 2 (itemize) ▶ _____	3
4	Add lines 1, 2, and 3	4 22,717,058
5	Decreases not included in line 2 (itemize) ▶ _____	5 29,019
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 22,688,039

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)
1 a SCHWAB A/C (SECURITIES)	P	2015-01-01	2016-12-31
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 9,793,882		7,979,662	1,814,220
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) 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			1,814,220
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	1,814,220
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

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))
2015	1,288,809	21,781,899	0 059169
2014	1,000,828	19,798,281	0 050551
2013	907,326	17,973,859	0 050480
2012	817,107	17,209,760	0 047479
2011	458,276	16,492,783	0 027786
2 Total of line 1, column (d)			0 235465
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			0 047093
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			22,551,102
5 Multiply line 4 by line 3			1,061,999
6 Enter 1% of net investment income (1% of Part I, line 27b)			20,486
7 Add lines 5 and 6			1,082,485
8 Enter qualifying distributions from Part XII, line 4			1,330,598

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 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	20,486
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	
3	Add lines 1 and 2.	3	20,486
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	20,486
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	53,164
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	10,000
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	63,164
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	42,678
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 42,678 Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
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>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
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>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ DE _____		
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> .	8b	Yes
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	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 ► CONNIE L LURIE Telephone no ► (650) 320-1782			

Located at **►** PO BOX 610043 PO BOX 610043 REDWOOD CITY CA ZIP+4 **►** 94061

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2016, 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 instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►	16	Yes	No

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(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)? <input type="checkbox"/> 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 2016? <input type="checkbox"/>	1c		
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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
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). <input type="checkbox"/>	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 2016 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 2016). <input type="checkbox"/>	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 2016?	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				
(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 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)?			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?				
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?				

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	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
ROBERT A LURIE PO BOX 610043 REDWOOD CITY, CA 940610043	VICE PRESIDE 1 00	0	0	0
CONNIE L LURIE PO BOX 610043 REDWOOD CITY, CA 940610043	PRESIDENT/SE 4 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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000.				

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
ENSEMBLE CAPITAL MANAGEMENT LLC ENSEMBLE CAPITAL MANAGEMENT LLC	INVESTMENT	136,404
1350 BAYSHORE HIGHWAY STE 460 1350 BAYSHORE HIGHWAY STE 460 BURLINGAME, CA 94010		

Total number of others receiving over \$50,000 for professional services. **▶**

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 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	

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	22,336,866
b	Average of monthly cash balances.	1b	557,654
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	22,894,520
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	22,894,520
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	343,418
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	22,551,102
6	Minimum investment return. Enter 5% of line 5.	6	1,127,555

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.)

1	Minimum investment return from Part X, line 6.	1	1,127,555
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	20,486
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	20,486
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,107,069
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	1,107,069
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,107,069

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	1,330,598
b	Program-related investments—total from Part IX-B.	1b	
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	1,330,598
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	20,486
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,310,112

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				1,107,069
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			401,720	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>1,330,598</u>				
a Applied to 2015, but not more than line 2a			401,720	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2016 distributable amount.				928,878
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				178,191
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . .				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				
d Excess from 2015.				
e Excess from 2016.				

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 2016, 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) 2016	(b) 2015	(c) 2014	(d) 2013	
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 organization 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))

CONNIE L AND BOB A LURIE

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. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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 <i>Paid during the year</i> See Additional Data Table				
Total			3a	1,327,170
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated

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	11,578	
4 Dividends and interest from securities.			14	362,557	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	1,814,220	
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). . .				2,188,355	
13 Total. Add line 12, columns (b), (d), and (e).			13		2,188,355

(See worksheet in line 13 instructions to verify calculations)

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

[illegible]

Part XVII

- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees. **1c**
- 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) of the Code (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**

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.

* * * * *

Title

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

**Paid
Preparer
Use Only**

Print/Type preparer's name KARIFA DIAWARA	Preparer's Signature	Date 2017-11-03	Check if self-employed <input type="checkbox"/>	PTIN P00845765
Firm's name ▶ DIAWARA & ASSOCIATES CPAS				Firm's EIN ▶ 26-2480144
Firm's address ▶ 2225 EAST BAYSHORE ROAD SUITE 200 PALO ALTO, CA 94303				Phone no (650) 320-1782

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 <i>Paid during the year</i>				
ACHIEVE ACHIEVE 1400 16TH STREET NW 510 1400 16TH STREET NW 510 WASHINGTON, DC 20036	NONE	501(C)(3)	CHARITY	2,000
AHA FOUNDATION AHA FOUNDATION 130 7TH AVENUE STE 236 130 7TH AVENUE STE 236 NEW YORK, NY 10011	NONE	501(C)(3)	CHARITY	2,000
AIM HIGH AIM HIGH 2030 HARRISON ST 2030 HARRISON ST SAN FRANCISCO, CA 94110	NONE	501(C)(3)	CHARITY	62,000
AIRLINE AMBASSADORS INTERNATIONAL AIRLINE AMBASSADORS INTERNATIONAL 550 14TH ROAD S 1014 550 14TH ROAD S 1014 ARLINGTON, VA 22202	NONE	501(C)(3)	CHARITY	2,000
ALZHEIMER'S ASSOCIATION ALZHEIMER'S ASSOCIATION 2290 N FIRST ST STE 101 2290 N FIRST ST STE 101 SAN JOSE, CA 95131	NONE	501(C)(3)	CHARITY	1,000
Total ▶ 3a				1,327,170

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 <i>Paid during the year</i>				
AMERICAN INDIAN COLLEGE FUND AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD 120 8333 GREENWOOD BLVD 120 DENVER, CO 80221	NONE	501(C)(3)	CHARITY	500
AMNESTY INTERNATIONAL USA INC AMNESTY INTERNATIONAL USA INC 5 PENN PLAZA 5 PENN PLAZA NEW YORK, NY 10001	NONE	501(C)(3)	CHARITY	1,000
ARCS FOUNDATION ARCS FOUNDATION 1008 GENERAL KENNEDY AVE 1008 GENERAL KENNEDY AVE SAN FRANCISCO, CA 94129	NONE	501(C)(3)	CHARITY	3,500
ASIAN ART MUSEUM FOUNDATION ASIAN ART MUSEUM FOUNDATION 200 LARKIN ST 200 LARKIN ST SAN FRANCISCO, CA 94102	NONE	501(C)(3)	CHARITY	2,000
AT THE CROSSROADS AT THE CROSSROADS 38 MASON STREET 38 MASON STREET SAN FRANCISCO, CA 94102	NONE	501(C)(3)	CHARITY	2,000
Total 3a				1,327,170

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 <i>Paid during the year</i>				
ATHERTON NOW ATHERTON NOW 91 ASHFIELD RD 91 ASHFIELD RD ATHERTON, CA 94027	NONE	501(C)(3)	CHARITY	2,000
BANGLAHELP BANGLAHELP 1233 BROOKSIDE AVE STE B 1233 BROOKSIDE AVE STE B REDLANDS, CA 92373	NONE	501(C)(3)	CHARITY	500
BARBARA SINATRA CHILDREN'S CENTER BARBARA SINATRA CHILDREN'S CENTER 39000 BOB HOPE DR 39000 BOB HOPE DR RANCHO MIRAGE, CA 92270	NONE	501(C)(3)	CHARITY	5,000
BAY AREA WOMEN'S AND CHILDREN'S CTR BAY AREA WOMEN'S AND CHILDREN'S CTR 318 LEAVENWORTH ST 318 LEAVENWORTH ST SAN FRANCISCO, CA 94102	NONE	501(C)(3)	CHARITY	4,000
BOYS & GIRLS CLUBS OF COACHELLA V BOYS & GIRLS CLUBS OF COACHELLA V 42-600 COOK ST STE 120 42-600 COOK ST STE 120 PALM DESERT, CA 92211	NONE	501(C)(3)	CHARITY	275,000
Total ▶ 3a				1,327,170

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 <i>Paid during the year</i>				
BOYS & GIRLS CLUBS OF THE PENINSULA BOYS & GIRLS CLUBS OF THE PENINSULA 401 PIERCE ROAD 401 PIERCE ROAD MENLO PARK, CA 94025	NONE	501(C)(3)	CHARITY	100,000
BRING ME A BOOK FOUNDATION BRING ME A BOOK FOUNDATION 330 TWIN DOLPHIN DR 101 330 TWIN DOLPHIN DR 101 REDWOOD CITY, CA 94043	NONE	501(C)(3)	CHARITY	1,000
CALIFORNIA STATE PARKS FOUNDATION CALIFORNIA STATE PARKS FOUNDATION 50 FRANCISCO ST 50 FRANCISCO ST SAN FRANCISCO, CA 94133	NONE	501(C)(3)	CHARITY	350,000
CANARY FOUNDATION CANARY FOUNDATION 3155 PORTER DR 3155 PORTER DR PALO ALTO, CA 94304	NONE	501(C)(3)	CHARITY	1,000
CARMEL IDEAS FOUNDATION CARMEL IDEAS FOUNDATION CARMEL-BY-THE SEA CARMEL-BY-THE-SEA CARMEL, CA 93921	NONE	501(C)(3)	CHARITY	1,000
Total ▶ 3a				1,327,170

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 <i>Paid during the year</i>				
CASA SAN MATEO COUNTY CASA SAN MATEO COUNTY 330 TWIN DOLPHIN DR 330 TWIN DOLPHIN DR139 REDWOOD CITY, CA 94065	NONE	501(C)(3)	CHARITY	5,000
CENTER FOR WORKING FAMILIES CENTER FOR WORKING FAMILIES 477 WINDSOR ST SW 477 WINDSOR ST SW ATLANTA, GA 30312	NONE	501(C)(3)	CHARITY	500
CHILD ADVOCATES OF SV CHILD ADVOCATES OF SILICON VALLEY INC 509 VALLEY WAY 509 VALLEY WAY MILPITAS, CA 95035	NONE	501(C)(3)	CHARITY	2,500
CHILDREN HEALTH COUNCIL CHILDREN HEALTH COUNCIL INC 650 CLARK WAY 650 CLARK WAY PALO ALTO, CA 94304	NONE	501(C)(3)	CHARITY	1,000
COMPASSION AND CHOICES COMPASSION AND CHOICES PO BOX 101810 PO BOX 101810 DENVER, CO 80250	NONE	501(C)(3)	CHARITY	500
Total ► 3a				1,327,170

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 <i>Paid during the year</i>				
DAMON RUNYON CANCER RESEARCH FND DAMON RUNYON CANCER RESEARCH FND 55 BROADWAY STE 302 55 BROADWAY STE 302 NEW YORK, NY 10006	NONE	501(C)(3)	CHARITY	5,000
DAWN REDWOODS CHARITABLE TRUST DAWN REDWOODS CHARITABLE TRUST ONE BLACKFIELD DR 331 ONE BLACKFIELD DR 331 TIBURON, CA 94920	NONE	501(C)(3)	CHARITY	3,000
DIAN FOSSEY GORILLA FUND DIAN FOSSEY GORILLA FUND 800 CHEROKEE AVE SE 800 CHEROKEE AVE SE ATLANTA, GA 30315	NONE	501(C)(3)	CHARITY	1,000
DIGNITY HEALTH PHILANTHROPY DIGNITY HEALTH PHILANTHROPY 185 BERRY STREET STE 300 185 BERRY STREET STE 300 SAN FRANCISCO, CA 94107	NONE	501(C)(3)	CHARITY	2,000
DOCTORS WITHOUT BORDERS DOCTORS WITHOUT BORDERS USA INC 333 7TH AVE 2ND FLOOR 333 7TH AVE 2ND FLOOR NEW YORK, NY 10001	NONE	501(C)(3)	CHARITY	2,000
Total ▶ 3a				1,327,170

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 <i>Paid during the year</i>				
EAST PALO ALTO COLLEGE PREP EAST PALO ALTO COLLEGE PREP 1041 MYRTLE ST 1041 MYRTLE ST EAST PALO ALTO, CA 94303	NONE	501(C)(3)	CHARITY	1,000
EISENHOWER MEDICAL CENTER EISENHOWER MEDICAL CENTER 39000 BOB HOPE DR 39000 BOB HOPE DR RANCHO MIRAGE, CA 92270	NONE	501(C)(3)	CHARITY	6,000
EQUAL JUSTICE INITIATIVE EQUAL JUSTICE INITIATIVE 122 COMMERCE ST 122 COMMERCE ST MONTGOMERY, AL 36104	NONE	501(C)(3)	CHARITY	2,000
FRESH LIFELINES FOR YOUTH FRESH LIFELINES FOR YOUTH 568 VALLEY WAY 568 VALLEY WAY MILPITAS, CA 95035	NONE	501(C)(3)	CHARITY	500
GIRLS INC OF THE CENTRAL GIRLS INC OF THE CENTRALCOAST 369 MAIN ST STE M 369 MAIN ST STE M SALINAS, CA 93901	NONE	501(C)(3)	CHARITY	1,000
Total ▶ 3a				1,327,170

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 <i>Paid during the year</i>				
GIRLVENTURES GIRLVENTURES 3543 18TH ST 18 3543 18TH ST 18 SAN FRANCISCO, CA 94110	NONE	501(C)(3)	CHARITY	1,000
GRACE SCIENCE FOUNDATION GRACE SCIENCE FOUNDATION PO BOX 114 PO BOX 114 MENLO PARK, CA 94026	NONE	501(C)(3)	CHARITY	1,000
HABITAT FOR HUMANITY - SF HABITAT FOR HUMANITY - SF 500 WASHINGTON ST 250 500 WASHINGTON ST 250 SAN FRANCISCO, CA 94111	NONE	501(C)(3)	CHARITY	10,000
HEALTH CONNECTED HEALTH CONNECTED 2211 N ELSTON AVE 202 2211 N ELSTON AVE 202 CHICAGO, IL 60614	NONE	501(C)(3)	CHARITY	1,000
HEIFER INTERNATIONAL HEIFER INTERNATIONAL 1 WORLD AVE 1 WORD AVE LITTLE ROCK, AR 72202	NONE	501(C)(3)	CHARITY	30,000
Total 3a				1,327,170

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 <i>Paid during the year</i>				
HOAG HOSPITAL FOUNDATION HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVE 100 330 PLACENTIA AVE 100 NEWPORT BEACH, CA 92663	NONE	501(C)(3)	CHARITY	200
HUMAN RIGHTS WATCH HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FL 350 FIFTH AVENUE 34TH FL NEW YORK, NY 10118	NONE	501(C)(3)	CHARITY	1,000
JOHN BURTON FOUNDATION FOR CHILDREN JOHN BURTON FOUNDATION FOR CHILDREN 235 MONTGOMERY ST 235 MONTGOMERY ST SAN FRANCISCO, CA 94104	NONE	501(C)(3)	CHARITY	10,000
KDFC (PUBLIC RADIO) KDFC (PUBLIC RADIO) 201 THIRD ST STE 1200 201 THIRD ST STE 1200 SAN FRANCISCO, CA 94103	NONE	501(C)(3)	CHARITY	10,000
KIPP BAY AREA SCHOOLS KIPP BAY AREA SCHOOLS 1404 FRANKLIN ST STE 500 1404 FRANKLIN ST STE 500 OAKLAND, CA 94612	NONE	501(C)(3)	CHARITY	100,000
Total ► 3a				1,327,170

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 <i>Paid during the year</i>				
LIFE MOVES LIFE MOVES 260 COMMERCIAL ST 260 COMMERCIAL ST SAN JOSE, CA 95112	NONE	501(C)(3)	CHARITY	5,000
LOVE&LOVE TENNIS FOUNDATION LOVE&LOVE TENNIS FOUNDATION 810 SNOW CREEK CYN 810 SNOW CREEK CYN PALM DESERT, CA 92211	NONE	501(C)(3)	CHARITY	500
MONTEREY BAY AQUARIUM FND MONTEREY BAY AQUARIUM FND 886 CANNERY ROW 886 CANNERY ROW MONTEREY, CA 93940	NONE	501(C)(3)	CHARITY	11,600
MONTEREY JAZZ FESTIVAL MONTEREY JAZZ FESTIVAL 9699 BLUE LARKSPUR LN204 9699 BLUE LARKSPUR LN204 MONTEREY, CA 93940	NONE	501(C)(3)	CHARITY	3,000
NARAL FOUNDATION NARAL FOUNDATION 335 S VAN NESS AVE 335 S VAN NESS AVE SAN FRANCISCO, CA 94111	NONE	501(C)(3)	CHARITY	3,000
Total 3a				1,327,170


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				
NEPAL YOUTH FOUNDATION NEPAL YOUTH FOUNDATION 3030 BRIDGEWAY STE202 3030 BRIDGEWAY STE202 SAUSALITO, CA 94965	NONE	501(C)(3)	CHARITY	1,000
NORTHWESTERN UNIVERSITY NORTHWESTERN UNIVERSITY 633 CLARK ST 633 CLARK ST EVANSTON, IL 60208	NONE	501(C)(3)	CHARITY	10,000
PACIFIC LINKS FOUNDATION PACIFIC LINKS FOUNDATION 534 VALLEY WAY 534 VALLEY WAY MILPITAS, CA 95035	NONE	501(C)(3)	CHARITY	1,000
PALM SPRINGS ART MUSEUM PALM SPRINGS ART MUSEUM 101 N MUSEUM DR 101 N MUSEUM DR PALM SPRINGS, CA 92262	NONE	501(C)(3)	CHARITY	5,000
PALO ALTO MEDICAL FOUNDATION PALO ALTO MEDICAL FOUNDATION 370 DISTEL CIR 370 DISTEL CIR LOS ALTOS, CA 94022	NONE	501(C)(3)	CHARITY	2,000
Total ► 3a				1,327,170

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 <i>Paid during the year</i>				
PATHWAYS HOSPICE FND PATHWAYS HOSPICE FOUNDATION 585 N MARY AVE 585 N MARY AVE SUNNYVALE, CA 94085	NONE	501(C)(3)	CHARITY	1,000
PENINSULA COLLEGE FUND PENINSULA COLLEGE FUND 330 TWIN DOLPHIN DR 131 330 TWIN DOLPHIN DR 131 REDWOOD CITY, CA 94065	NONE	501(C)(3)	CHARITY	27,000
PENINSULA VOLUNTEERS PENINSULA VOLUNTEERS 800 MIDDLE AVE 800 MIDDLE AVE MENLO PARK, CA 94025	NONE	501(C)(3)	CHARITY	500
PHILANTHROPIC VENTURES FOUNDATION PHILANTHROPIC VENTURES FOUNDATION 1222 PRESERVATION PARK WY 1222 PRESERVATION PARK WY OAKLAND, CA 946121201	NONE	501(C)(3)	CHARITY	9,500
PLANNED PARENTHOOD FEDERATION PLANNED PARENTHOOD FEDERATION OF AMERICA 1110 VERMONT AVE NW200 1110 VERMONT AVE NW200 WASHINGTON, DC 20005	NONE	501(C)(3)	CHARITY	1,000
Total ▶ 3a				1,327,170


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 <i>Paid during the year</i>				
PLANNED PARENTHOOD MAR MONTE PLANNED PARENTHOOD MAR MONTE 27287 PATRICK AVE 27287 PATRICK AVE HAYWARD, CA 94544	NONE	501(C)(3)	CHARITY	1,000
POSITIVE COACHING ALLIANCE POSITIVE COACHING ALLIANCE 1001 N RENGSTORFF AVE 1001 N RENGSTORFF AVE MOUNTAIN VIEW, CA 94043	NONE	501(C)(3)	CHARITY	1,000
RABBI ASHER LECTURE FUND (EMANU-EL) RABBI ASHER LECTURE FUND (CONGREGATION EMANU-EL) 2 LAKE ST 2 LAKE ST SAN FRANCISCO, CA 94118	NONE	501(C)(3)	CHARITY	500
RANCHO MIRAGE WRITERS FESTIVAL RANCHO MIRAGE WRITERS FESTIVAL 71-100 CA-111 71-100 CA-111 RANCHO MIRAGE, CA 92270	NONE	501(C)(3)	CHARITY	4,200
RAPE TRAUMA SERVICES SAN MATEO RAPE TRAUMA SERVICES SAN MATEO 1860 EL CAMINO REAL 406 1860 EL CAMINO REAL 406 BURLINGAME, CA 94010	NONE	501(C)(3)	CHARITY	1,000
Total ▶ 3a				1,327,170

Form 990PF Part XV Line 3 - Recipients 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 <i>Paid during the year</i>				
REBUILDING AMERICA'S WARRIORS REBUILDING AMERICA'S WARRIORS PO BOX 1931 PO BOX 1931 RANCHO MIRAGE, CA 92270	NONE	501(C)(3)	CHARITY	1,000
REBUILDING TOGETHER PEN REBUILDING TOGETHER PENINSULA 841 KAYNYNE ST 841 KAYNYNE ST REDWOOD CITY, CA 94063	NONE	501(C)(3)	CHARITY	1,000
RONALD MCDONALD HOUSE RONALD MCDONALD HOUSE 510 SAND HILL RD 510 SAND HILL RD PALO ALTO, CA 94304	NONE	501(C)(3)	CHARITY	1,000
SAN FRANCISCO ZOO SAN FRANCISCO ZOO 1 ZOO ROAD 1 ZOO ROAD SAN FRANCISCO, CA 94132	NONE	501(C)(3)	CHARITY	2,500
SAN JOSE STATE UNIVERSITY SAN JOSE STATE UNIVERSITY 1 WASHINGTON SQUARE 1 WASHINGTON SQUARE SAN JOSE, CA 95192	NONE	501(C)(3)	CHARITY	50,000
Total ▶ 3a				1,327,170

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 <i>Paid during the year</i>				
SEASON OF SHARING SEASON OF SHARING PO BOX 44740 PO BOX 44740 SAN FRANCISCO, CA 94144	NONE	501(C)(3)	CHARITY	5,000
SECOND HARVEST FOOD BANK OF SANTA C SECOND HARVEST FOOD BANK OF SANTA CLARA 1051 BING STREET 1051 BING STREET SAN CARLOS, CA 94070	NONE	501(C)(3)	CHARITY	1,000
SELBY LANE EDUCATION FOUNDATION SELBY LANE EDUCATION FOUNDATION 50 WOODSIDE PLZ513 50 WOODSIDE PLZ513 REDWOOD CITY, CA 94061	NONE	501(C)(3)	CHARITY	1,000
SF FINE ARTS MUSEUM SF FINE ARTS MUSEUM 50 HAGIWARA TEA GARDEN DR 50 HAGIWARA TEA GARDEN DR SAN FRANCISCO, CA 94118	NONE	501(C)(3)	CHARITY	1,000
SF OPERA GUILD SF OPERA GUILD 301 VAN NESS AVE 301 VAN NESS AVE SAN FRANCISCO, CA 94102	NONE	501(C)(3)	CHARITY	5,000
Total 				1,327,170
3a				


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 <i>Paid during the year</i>				
SF SYMPHONY SF SYMPHONY 201 VAN NESS AVE 201 VAN NESS SAN FRANCISCO, CA 94102	NONE	501(C)(3)	CHARITY	1,000
SFSU FOUNDATION SFSU FOUNDATION 1600 HOLLOWAY AVE 1600 HOLLOWAY AVE SAN FRANCISCO, CA 94132	NONE	501(C)(3)	CHARITY	12,500
SHARON HEIGHTS COUNTY CLUB SHARON HEIGHTS COUNTY CLUB 2900 SAND HILL RD 2900 SAN HILL RD MENLO PARK, CA 94025	NONE	501(C)(3)	CHARITY	1,000
SILICON VALLEY CHILDRENS SILICON VALLEY CHILDREN FUND 4525 UNION AVE 4525 UNION AVE SAN JOSE, CA 95124	NONE	501(C)(3)	CHARITY	1,000
SILICON VALLEY COMMUNITY FND SILICON VALLEY COMMUNITY FND 2440 W EL CAMINO REAL300 2440 W EL CAMINO REAL300 MOUNTAIN VIEW, CA 94040	NONE	501(C)(3)	CHARITY	5,000
Total ▶ 3a				1,327,170

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 <i>Paid during the year</i>				
SOUTHERN POVERTY LAW CENTER SOUTHERN PORVERTY LAW CENTER 400 WASHINGTON AVE 400 WASHINGTON AVE MONTGOMERY, AL 36104	NONE	501(C)(3)	CHARITY	1,000
SPECIAL FORCES CHARITABLE TRUST SPECIAL FORCES CHARITABLE TRUST PO BOX 53 PO BOX 53 ESSEX, CT 06426	NONE	501(C)(3)	CHARITY	1,000
ST ANTHONY FOUNDATION ST ANTHONY FOUNDATION 150 GOLDEN GATE AVE 150 GOLDEN GATE AVE SAN FRANCISCO, CA 94102	NONE	501(C)(3)	CHARITY	1,000
STANFORD JAZZ WORKSHOP STANFORD JAZZ WORKSHOP 450 SERRA MALL 450 SERRA MALL STANFORD, CA 94305	NONE	501(C)(3)	CHARITY	6,270
STANFORD BUCK CARDINAL CLUB STANFORD BUCK CARDINAL CLUB PO BOX 20466 PO BOX 20466 STANFORD, CA 94309	NONE	501(C)(3)	CHARITY	1,000
Total 				1,327,170
3a				

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 <i>Paid during the year</i>				
STAR-VISTA STAR-VISTA 610 ELM ST 212 610 ELM ST 212 SAN CARLOS, CA 94070	NONE	501(C)(3)	CHARITY	1,000
STUDENTS RISING ABOVE STUDENTS RISING ABOE PO BOX 29174 PO BOX 29174 SAN FRANCISCO, CA 94129	NONE	501(C)(3)	CHARITY	1,000
TEEN SUCCESS TEEN SUCCESS 508 VALLEY WAY 508 VALLEY WAY MILPITAS, CA 95035	NONE	501(C)(3)	CHARITY	1,000
THE ART OF YOGA PROJECT THE ART OF YOGA PROJECT 555 BRYANT ST 232 555 BRYANT ST 232 PALO ALTO, CA 943011704	NONE	501(C)(3)	CHARITY	1,500
THE HOOVER INSTITUTION THE HOOVER INSTITUTION 434 GALVEZ MALL 434 GALVEZ MALL STANFORD, CA 94305	NONE	501(C)(3)	CHARITY	1,000
Total ▶ 3a				1,327,170

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 <i>Paid during the year</i>				
THE IMAGINE BUS PROJECT THE IMAGINE BUS PROJECT 1012 TORNEY AVE 1012 TORNEY AVE SAN FRANCISCO, CA 94129	NONE	501(C)(3)	CHARITY	2,000
THE PAINTED TURTLE THE PAINTED TURTLE 17000 ELIZABETH LAKE RD 17000 ELIZABETH LAKE RD LAKE HUGHES, CA 93532	NONE	501(C)(3)	CHARITY	1,000
TIPPING POINT COMMUNITY TIPPING POINT COMMUNITY 220 MONTGOMERY ST 850 220 MONTGOMERY ST 850 SAN FRANCISCO, CA 94104	NONE	501(C)(3)	CHARITY	1,000
TOWER FOUNDATION TOWER FOUNDATION 1 WAHSINGTON SQUARE 1 WASHINGTON SQUARE SAN JOSE, CA 95192	NONE	501(C)(3)	CHARITY	25,000
UNDER ONE UMBRELLA UNDER ONE UMBRELLA 900 BLAKE WILBUR DR 900 BLAKE WILBUR DR PALO ALTO, CA 94304	NONE	501(C)(3)	CHARITY	10,000
Total 				1,327,170
3a				

Form 990PF Part XV Line 3 - Recipient 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 <i>Paid during the year</i>				
UNICEF UNICEF 125 MAIDEN LANE 125 MAIDEN LANE NEW YORK, NY 10038	NONE	501(C)(3)	CHARITY	1,000
USA RUGBY TRUST USA RUGBY TRUST 2655 CRESCENT DR UNIT A 2655 CRESCENT DR UNIT A LAFAYETTE, CO 80026	NONE	501(C)(3)	CHARITY	1,000
VINTAGE CLUB EMPLOYEE SCH FUND VINTAGE CLUB EMPLOYEE SCH FUND 75001 VINTAGE DR W 75001 VINTAGE DR W INDIAN WELLS, CA 92210	NONE	501(C)(3)	CHARITY	2,500
VISTA CENTER - BLIND & VISUALLY IMP VISTA CENTER - BLIND & VISUALLY IMPAIRED 2470 EL CAMINO REAL 2470 EL CAMINO REAL PALO ALTO, CA 94306	NONE	501(C)(3)	CHARITY	25,400
WILDLIFE ASSOCIATES WILDLIFE ASSOCIATES PO BOX 3098 PO BOX 3098 HALF MOON BAY, CA 94019	NONE	501(C)(3)	CHARITY	50,000
Total ▶ 3a				1,327,170

TY 2016 Accounting Fees Schedule**Name:** CONNIE AND BOB LURIE FOUNDATION INC**EIN:** 20-8004479

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOUNDATION ADMINISTRATION	6,644	3,322		3,322

TY 2016 Investments Corporate Bonds Schedule**Name:** CONNIE AND BOB LURIE FOUNDATION INC**EIN:** 20-8004479

Name of Bond	End of Year Book Value	End of Year Fair Market Value
PUBLICLY TRATED CORPORATE BONDS	1,508,078	1,507,377
ACCRUED INTEREST (BONDS)	23,386	23,386

TY 2016 Investments Corporate Stock Schedule

Name: CONNIE AND BOB LURIE FOUNDATION INC

EIN: 20-8004479

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PUBLICLY TRATED SECURITIES (STOCK)	16,892,312	20,442,251

TY 2016 Investments Government Obligations Schedule**Name:** CONNIE AND BOB LURIE FOUNDATION INC**EIN:** 20-8004479**US Government Securities - End
of Year Book Value:****US Government Securities - End
of Year Fair Market Value:****State & Local Government
Securities - End of Year Book
Value:**

300,000

**State & Local Government
Securities - End of Year Fair
Market Value:**

300,300

TY 2016 Investments - Other Schedule**Name:** CONNIE AND BOB LURIE FOUNDATION INC**EIN:** 20-8004479

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	AT COST	1,481,624	1,469,632
CDS & BAS	AT COST	1,462,414	1,448,237

TY 2016 Other Decreases Schedule

Name: CONNIE AND BOB LURIE FOUNDATION INC

EIN: 20-8004479

Description	Amount
BOOK/TAX GAIN ADJUSTMENT	29,019

TY 2016 Other Expenses Schedule**Name:** CONNIE AND BOB LURIE FOUNDATION INC**EIN:** 20-8004479**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
POSTAGE	106			106

TY 2016 Other Professional Fees Schedule**Name:** CONNIE AND BOB LURIE FOUNDATION INC**EIN:** 20-8004479

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	136,404	136,404		

TY 2016 Taxes Schedule**Name:** CONNIE AND BOB LURIE FOUNDATION INC**EIN:** 20-8004479

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
IRS EXCISE TAX	60,000			
DE - FILING FEE	362			

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>	OMB No 1545-0047 2016
	Name of the organization CONNIE AND BOB LURIE FOUNDATION INC	Employer identification number 20-8004479

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not 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 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CONNIE AND BOB LURIE FOUNDATION INC	Employer identification number 20-8004479
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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	CONNIE L ROBERT A LURIE PO BOX 610043 REDWOOD CITY, CA 940610043	\$ 2,398,972	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization CONNIE AND BOB LURIE FOUNDATION INC	Employer identification number 20-8004479
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SHARES OF PUBLICLY TRADED COMPANIES	\$ 1,598,972	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization CONNIE AND BOB LURIE FOUNDATION INC	Employer identification number 20-8004479
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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
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	