

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](http://www.irs.gov/form990pf).

**2017****Open to Public  
Inspection****For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017**

<p>Name of foundation William &amp; Sheila Konar Foundation</p> <p>% ELIZABETH COLLINS-SOTELO</p> <p>Number and street (or P O box number if mail is not delivered to street address) 75 THRUWAY PARK DRIVE</p> <p>City or town, state or province, country, and ZIP or foreign postal code W HENRIETTA, NY 14586</p>		<b>A Employer identification number</b> 22-2434846	
		<b>B Telephone number (see instructions)</b> (585) 533-2900	
<p><b>G Check all that apply</b></p> <p><input type="checkbox"/> Initial return      <input type="checkbox"/> Initial return of a former public charity</p> <p><input type="checkbox"/> Final return      <input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Address change      <input type="checkbox"/> Name change</p>		<p><b>C If exemption application is pending, check here</b> ► <input type="checkbox"/></p> <p><b>D 1. Foreign organizations, check here</b> ► <input type="checkbox"/></p> <p><b>2 Foreign organizations meeting the 85% test, check here and attach computation</b> ► <input type="checkbox"/></p> <p><b>E If private foundation status was terminated under section 507(b)(1)(A), check here</b> ► <input type="checkbox"/></p> <p><b>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here</b> ► <input type="checkbox"/></p>	
<p><b>H Check type of organization</b></p> <p><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation</p> <p><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust      <input type="checkbox"/> Other taxable private foundation</p>			
<p><b>I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 123,325,398</b></p>		<p><b>J Accounting method</b></p> <p><input checked="" type="checkbox"/> Cash      <input type="checkbox"/> Accrual</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>(Part I, column (d) must be on cash basis)</p>	
<p><b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</p>		<b>(a)</b>	<b>(b)</b>
<p>1 Contributions, gifts, grants, etc , received (attach schedule)</p>		35,056,166	
<p>2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B</p>			
<p>3 Interest on savings and temporary cash investments</p>		124	124
<p>4 Dividends and interest from securities</p>		2,303,161	2,303,161
<p>5a Gross rents</p>			
<p>b Net rental income or (loss)</p>			
<p>6a Net gain or (loss) from sale of assets not on line 10</p>		-998,758	
<p>b Gross sales price for all assets on line 6a</p>		25,548,984	
<p>7 Capital gain net income (from Part IV, line 2)</p>			0
<p>8 Net short-term capital gain</p>			
<p>9 Income modifications</p>			
<p>10a Gross sales less returns and allowances</p>			
<p>b Less Cost of goods sold</p>			
<p>c Gross profit or (loss) (attach schedule)</p>			
<p>11 Other income (attach schedule)</p>		1,729	1,729
<p><b>12 Total.</b> Add lines 1 through 11</p>		36,362,422	2,305,014
<p><b>Revenue</b></p>			
<p>13 Compensation of officers, directors, trustees, etc</p>		0	
<p>14 Other employee salaries and wages</p>		153,943	23,735
<p>15 Pension plans, employee benefits</p>		14,558	2,245
<p>16a Legal fees (attach schedule)</p>			
<p>b Accounting fees (attach schedule)</p>		19,950	19,950
<p>c Other professional fees (attach schedule)</p>		19,586	19,586
<p>17 Interest</p>			
<p>18 Taxes (attach schedule) (see instructions)</p>		42,864	41,364
<p>19 Depreciation (attach schedule) and depletion</p>		22,297	
<p>20 Occupancy</p>			
<p>21 Travel, conferences, and meetings</p>		8,092	8,092
<p>22 Printing and publications</p>		4,156	4,156
<p>23 Other expenses (attach schedule)</p>		378,811	378,811
<p><b>24 Total operating and administrative expenses.</b></p> <p>Add lines 13 through 23</p>		664,257	485,691
<p>25 Contributions, gifts, grants paid</p>		3,495,217	
<p><b>26 Total expenses and disbursements.</b> Add lines 24 and 25</p>		4,159,474	485,691
<p><b>Operating and Administrative Expenses</b></p>			
<p>27 Subtract line 26 from line 12</p>		32,202,948	
<p>a Excess of revenue over expenses and disbursements</p>			
<p>b Net investment income (if negative, enter -0-)</p>		1,819,323	
<p>c Adjusted net income(if negative, enter -0-)</p>			

	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
	1 Cash—non-interest-bearing				
	2 Savings and temporary cash investments		30,573,812	1,031,453	1,031,453
	3 Accounts receivable ► 886				
	Less allowance for doubtful accounts ►		0	886	886
	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)		50,672,348	112,038,443	121,581,617
	c Investments—corporate bonds (attach schedule)		300,000	300,000	300,000
	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 ► 206,377				
	Less accumulated depreciation (attach schedule) ► 22,348		973	184,029	184,029
	15 Other assets (describe ► )		32,616	227,413	227,413
	16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		81,579,749	113,782,224	123,325,398
	17 Accounts payable and accrued expenses		473	0	
	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 ► )		473	0	
	23 Total liabilities (add lines 17 through 22)				
	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24 Unrestricted		81,579,276	113,782,224	
	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)		81,579,276	113,782,224	
	31 Total liabilities and net assets/fund balances (see instructions)		81,579,749	113,782,224	

## 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	81,579,276
2 Enter amount from Part I, line 27a	2	32,202,948
3 Other increases not included in line 2 (itemize) ►	3	
4 Add lines 1, 2, and 3	4	113,782,224
5 Decreases not included in line 2 (itemize) ►	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	113,782,224

**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) 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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
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	-998,758	
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					

**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))
2016	2,260,435	25,292,913	0 08937
2015	1,020,662	9,248,199	0 110363
2014	976,696	7,354,808	0 132797
2013	412,401	6,034,098	0 068345
2012	407,722	5,921,783	0 068851
<b>2 Total</b> of line 1, column (d)			<b>2</b> 0 469726
<b>3 Average</b> 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			<b>3</b> 0 093945
<b>4 Enter</b> the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 96,496,712
<b>5 Multiply</b> line 4 by line 3			<b>5</b> 9,065,384
<b>6 Enter</b> 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 18,193
<b>7 Add</b> lines 5 and 6			<b>7</b> 9,083,577
<b>8 Enter</b> qualifying distributions from Part XIII, line 4			<b>8</b> 3,649,986

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)	1	36,386
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b		
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	36,386
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0-	5	36,386
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	19,041
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d.	7	44,041
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	7,655
11	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> ►	7,655	<b>Refunded</b> ►
		11	

**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?	Yes	No
1b	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
1c	Did the foundation file <b>Form 1120-POL</b> for this year?	1c	No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation ► \$ _____ <b>(2)</b> 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 <b>Form 990-T</b> 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) ► 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>	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 2017 or the taxable year beginning in 2017 (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	Yes

**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 ►ELIZABETH COLLINS-SOTELO	Telephone no ►(585) 533-2903	
Located at ►75 THRUWAY PARK DRIVE W HENRIETTA NY			ZIP+4 ►14586
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the year.	► 15	
16	At any time during calendar year 2017, 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.		
		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 <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	► <input type="checkbox"/>
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 2017?	1c <input type="checkbox"/> 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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? 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 <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions) ►	2b <input type="checkbox"/>
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____	
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 2017 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 2017).	3b <input type="checkbox"/>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a <input type="checkbox"/> 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 2017?	4b <input type="checkbox"/> 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 <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ►			5b
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	
	<i>If "Yes," attach the statement required by Regulations section 53 4945-5(d)</i>			
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	
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	6b
	<i>If "Yes" to 6b, file Form 8870</i>			No
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	7b
				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	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
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	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
MARILYNN GRANT 227 GENESSEE PARK BLVD ROCHESTER, NY 14619	PROGRAM DIRECTOR 40 0	130,208	0	0

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

**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 NONE	
2	
3	
All other program-related investments See instructions	
4	
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	94,135,520
b	Average of monthly cash balances. . . . .	1b	3,830,685
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	97,966,205
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	0
3	Subtract line 2 from line 1d. . . . .	3	97,966,205
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	1,469,493
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	96,496,712
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	4,824,836

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

1	Minimum investment return from Part X, line 6. . . . .	1	4,824,836
2a	Tax on investment income for 2017 from Part VI, line 5. . . . .	2a	36,386
b	Income tax for 2017 (This does not include the tax from Part VI). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	36,386
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	4,788,450
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	4,788,450
6	Deduction from distributable amount (see instructions). . . . .	6	
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	4,788,450

**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	3,649,986
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	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	0
b	Cash distribution test (attach the required schedule). . . . .	3b	0
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3,649,986
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	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	3,649,986

**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 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				4,788,450
<b>2</b> Undistributed income, if any, as of the end of 2017			0	
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 2015, 2014, 2013		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .	113,789			
<b>b</b> From 2013. . . . .	115,751			
<b>c</b> From 2014. . . . .	630,364			
<b>d</b> From 2015. . . . .	609,928			
<b>e</b> From 2016. . . . .	1,008,919			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	2,478,751			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ► \$ 3,649,986			0	
<b>a</b> Applied to 2016, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2017 distributable amount. . . . .				3,649,986
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	1,138,464			1,138,464
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,340,287			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a. . . . .	1,340,287			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .	331,368			
<b>d</b> Excess from 2016. . . . .	1,008,919			
<b>e</b> Excess from 2017. . . . .				

**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 2017, 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 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))  
NONE - SEE SCHEDULE B

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  
NONE

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

Elizabeth Collins-Sotelo  
75 THRUWAY PARK DRIVE  
W Henrietta, NY 14586  
(585) 533-2903

b The form in which applications should be submitted and information and materials they should include  
Submit a Letter of Intent to provide a brief overview of the organization and the reason for the grant request

c Any submission deadlines

One month prior to the quarterly trustee meetings held mid-March, June, September and November

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

Grants are awarded in the areas of education, cultural & civic organization, improvement to health care services, promotion of ethnic/religious/cultural understanding & tolerance, benefits to the jewish community

**Part XV Supplementary Information (continued)**

### **3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Line	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	
<b>1</b> Program service revenue	a						
	b						
	c						
	d						
	e						
	f						
<b>g</b> Fees and contracts from government agencies							
<b>2</b> Membership dues and assessments.							
<b>3</b> Interest on savings and temporary cash investments				14		124	
<b>4</b> Dividends and interest from securities.				14		2,303,161	
<b>5</b> Net rental income or (loss) from real estate	a Debt-financed property.						
	b Not debt-financed property.						
<b>6</b> Net rental income or (loss) from personal property							
<b>7</b> Other investment income.							
<b>8</b> Gain or (loss) from sales of assets other than inventory				18		-998,758	
<b>9</b> Net income or (loss) from special events							
<b>10</b> Gross profit or (loss) from sales of inventory							
<b>11</b> Other revenue	a MISCELLANEOUS INCOME			01		1,729	
	b						
	c						
	d						
	e						
<b>12</b> Subtotal Add columns (b), (d), and (e).						1,306,256	
<b>13</b> <b>Total.</b> Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations )				13			1,306,256

**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) of the Code (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

**b Other transactions**

(1) Sales of assets to a noncharitable exempt organization. . . . .	1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization. . . . .	1b(2)	No
(3) Rental of facilities, equipment, or other assets. . . . .	1b(3)	No
(4) Reimbursement arrangements. . . . .	1b(4)	No
(5) Loans or loan guarantees. . . . .	1b(5)	No
(6) Performance of services or membership or fundraising solicitations. . . . .	1b(6)	No

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) 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

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.

\* \* \* \* \*

2018-06-20

\* \* \* \* \*

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					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name  Cynthia Jewell	Preparer's Signature	Date	Check if self-employed ► <input checked="" type="checkbox"/>	
	Firm's name ► JEWELL TAX & CONSULTING LLC				Firm's EIN ►
	Firm's address ► 6 Northwood Drive  Fairport, NY 14450				Phone no (585) 425-8554

**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.)
MS #143165 - LT COVERED	P		
MS #010037 - ST COVERED	P		
MS #010037 - LT COVERED	P		
MS #010037 - LT NON-COVERED	P		
MS #010039 - ST COVERED	P		
MS #010039 - ST NON-COVERED	P		
MS #010039 - LT COVERED	P		
MS #010041 - ST COVERED	P		
MS #010041 - LT COVERED	P		
MS #010042 - ST COVERED	P		

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

(e) Gross sales price	Depreciation allowed (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
50,000		50,474	-474
124,047		122,880	1,167
169,838		161,659	8,179
10,000		10,036	-36
1,738		2,708	-970
55			55
75,493		71,530	3,963
9,359		8,594	765
35,767		38,725	-2,958
17,343		17,162	181

**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			(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	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-474
			1,167
			8,179
			-36
			-970
			55
			3,963
			765
			-2,958
			181

**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.)
MS #010042 - ST NON-COVERED	P		
MS #010042 - LT COVERED	P		
MS #010082 - LT COVERED	P		
BERNSTEIN #96478 - ST COVERED	P		
BERNSTEIN #96478 - LT COVERED	P		
BERNSTEIN #96478 - CIL	P		
BERNSTEIN #99481 - ST COVERED	P		
BERNSTEIN #99481 - LT COVERED	P		
BERNSTEIN #99481 - CIL	P		
BERNSTEIN #45327 - K-1 ACTIVITY - ST	P		

**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)
172			172
401,832		476,847	-75,015
175,071		113,927	61,144
267,746		276,096	-8,350
5,860,730		6,572,458	-711,728
77			77
7,562,165		7,512,623	49,542
10,332,250		11,093,089	-760,839
71			71
			-29,043

**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	
			172
			-75,015
			61,144
			-8,350
			-711,728
			77
			49,542
			-760,839
			71

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

List and describe the kind(s) of property sold (e.g., real estate, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co )	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo, day, yr)	<b>(d)</b> Date sold (mo, day, yr)
BERNSTEIN #45327 - K-1 ACTIVITY - LT	P		
BERNSTEIN #64751 - PFIC ACTIVITY - ST	P		
CAPITAL GAIN DIVIDENDS	P		

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

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis <b>(h)</b> plus expense of sale	<b>(h)</b> (e) plus (f) minus (g)
			-22,231
			32,340
			455,230

**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))
<b>(i)</b> F M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col (i) over col (j), if any	<b>(l)</b>

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

(a) Name and address	(b) Title, and average hours per week (c) devoted to position	(d) Compensation (If not paid, enter -0-)	(e) Contributions to employee benefit plans and deferred compensation	Expense account, (f) other allowances
SHEILA KONAR	Trustee, Hours - As Required 0	0	0	0
75 THRUWAY PARK DRIVE W HENRIETTA, NY 14586	Trustee, Hours - As Required 0	0	0	0
HOWARD KONAR	Trustee, Hours - As Required 0	0	0	0
75 THRUWAY PARK DRIVE W HENRIETTA, NY 14586	Trustee, Hours - As Required 0	0	0	0
RACHAEL GUTTENBERG	Trustee, Hours - As Required 0	0	0	0
75 THRUWAY PARK DRIVE W HENRIETTA, NY 14586				
DONALD NOWILL				
41 Taylor Crossway Brookline, MA 02146				
Lawrence Fine				
2 Tiffany Court Pittsford, NY 14534				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
AMERICAN ASSOCIATION BEN GURION 1001 Avenue of the Americas 19th F New York, NY 10018	NONE	PC	To Fund Alzheimer's Research	1,000
MONROE COMMUNITY COLLEGE Damon City Campus 228 East Main Street Rochester, NY 14604	NONE	PC	Scholarship Support for Students	17,500
NORMAN HOWARD SCHOOL 275 Pinnacle Road Rochester, NY 14623	NONE	PC	Financial Aid for Students	1,000
SIMON WEISENTHAL CENTER 1399 South Roxbury Drive Los Angeles, CA 90035	NONE	PC	Promotion of Tolerance Education/Safety - Jewish Life	1,000
WEIZMANN INSTITUTE OF SCIENCE 633 Third Avenue New York, NY 10017	NONE	PC	Program Support for Science Initiatives	2,000
<b>Total . . . . .</b>			►	3,495,217
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
CANCER WELLNESS CONNECTIONS 7 Brickston Drive Pittsford, NY 14534	NONE	PC	Support for patient care/medical treatments	1,500
MAYO CLINIC FOUNDATION 2200 First Street SW Rochester, MN 559050001	NONE	POF	General support for greatest needs at Mayo Clinic	1,000
ROCHESTER REGIONAL HEALTH FOUNDATION 100 Kings Highway South Suite 2300 Rochester, NY 14617	NONE	POF	Medical care for local communities	30,000
ST JOHN'S HOME FOUNDATION 150 Highland Avenue Rochester, NY 14620	NONE	POF	Services for senior living and care	1,000
ST JUDES CHILDREN RESEARCH 501 St Jude Place Memphis, TN 381051942	NONE	PC	Medical care/pediatric treatment for cancer & other illnesses	1,000
<b>Total . . . . .</b>			►	3,495,217
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
CHABAD LUBAVITCH 1037 Winton Road South Rochester, NY 14618	NONE	PC	Services for Jewish community	10,000
CHARLES MARKUS SOCIETY 1200 Edgewood Avenue Rochester, NY 14618	NONE	PC	JCC Annual Campaign Support	1,000
GARTH FAGAN DANCE 50 Chestnut Street Rochester, NY 14604	NONE	PC	Program support to promote dance in communities	1,000
JEWISH COMMUNITY CENTER 1200 Edgewood Avenue Rochester, NY 14618	NONE	PC	Capital campaign - facility & program support	100,000
JEWISH COMMUNITY CENTER (FILM FESTIVAL) 1200 Edgewood Avenue Rochester, NY 14618	NONE	PC	Jewish cultural support through film	25,000
<b>Total . . . . . ►</b>				3,495,217
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
JEWISH COMMUNITY FEDERATION 441 East Avenue Rochester, NY 14607	NONE	PC	Services for Jewish community	22,185
JEWISH FAMILY SERVICE 441 East Avenue Rochester, NY 14607	NONE	PC	Services for Jewish families	38,200
LIFESPAN 1900 South Clinton Avenue Rochester, NY 14618	NONE	PC	Services for geriatric care	20,000
THE LITTLE THEATRE 240 East Avenue Rochester, NY 14604	NONE	PC	Support of local artists, music & film	2,500
MEMORIAL ART GALLERY 500 University Avenue Rochester, NY 146071484	NONE	PC	Program support for the arts	1,000
<b>Total . . . . .</b>			►	3,495,217
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
QUAD A FOR KIDS500 East Avenue Rochester, NY 14607	NONE	PC	After-school services for children	1,000
RPO108 East Avenue Rochester, NY 14604	NONE	PC	Annual campaign support for local musicians	3,500
TEMPLE BETH EL FOUNDATION 139 Winton Road South Rochester, NY 146102997	NONE	POF	Centennial Endowment Campaign for Jewish religious services	100,000
UNITED WAY75 College Avenue Rochester, NY 146071009	NONE	PC	General community support services	10,000
WXXI280 State Street PO Box 30021 Rochester, NY 146033021	NONE	PC	Support for local TV/educational programming	1,000
<b>Total . . . . . ►</b>				3,495,217
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
US HOLOCAUST MUSEUM 100 Raoul Wallenberg Place SW Washington, DC 200242126	NONE	PC	Tolerance education/promotion of Jewish history	300,000
BREAST CANCER COALITION OF ROCHESTER 10480 University Avenue Rochester, NY 14607	NONE	PC	Support of breast cancer awareness programs/advocacy	2,000
WATER FOR SUDANPO Box 25551 Rochester, NY 14625	NONE	PC	Provide access to clean water for Sudanese communities	2,500
GEORGE EASTMAN HOUSE 900 East Avenue Rochester, NY 146072298	NONE	PC	Support for museum's activities/programs	2,500
SISTERS OF ST JOSEPH 150 French Road Rochester, NY 146183822	NONE	PC	MEDICAL SUPPORT OF RETIRED SISTERS	3,500
<b>Total . . . . .</b>			►	3,495,217
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ALZHEIMER'S ASSOCIATION 435 East Henrietta Road Rochester, NY 14602	NONE	PC	Program & services for Alzheimer's patients	1,500
AL SIGL CENTER 1000 Elmwood Avenue Suite 300 Rochester, NY 146203098	NONE	PC	Support for programs & services to children & families	2,000
TOURETTE SYNDROME ASSOCIATION 42-40 Bell Blvd Suite 205 Bayside, NY 113612820	NONE	PC	Program support services	2,500
DANA FARBER CANCER INSTITUTE 10 Brookline Place West 6th Floor Brookline, MA 02445	NONE	PC	ADOPT-A-LAB PROGRAM	60,000
JEWISH SENIOR LIFE 2021 Winton Road South Rochester, NY 14618	NONE	PC	Services for Jewish senior citizens plus synagogue repairs & upgrades	100,000
<b>Total . . . . .</b>			►	3,495,217
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
WARNER SCHOOL OF EDUCATION 322A LECHASE HALL PO BOX 270425 ROCHESTER, NY 14627	NONE	PC	Support of Project READ program	60,000
AMERICAN FRIENDS OF HEBREW UNIVERSITY One Battery Park Place 25th Floor New York, NY 10004	NONE	PC	Educational program support	2,000
NAZARETH COLLEGE 4245 East Avenue Rochester, NY 14618	NONE	PC	Support of Wellness & Rehabilitation Institute	300,000
UNIVERSITY OF ROCHESTER 300 E River Rd PO Box 270032 Rochester, NY 14627	NONE	PC	Endowment to fund professorship in geriatrics, STEP TO COLLEGE PROGRAM AND STUDENT CULTURAL EXPERIENCES	1,107,095
AMERICAN INDIAN COLLEGE FUND 8444 GREENWOOD BLVD DENVER, CO 80221	NONE	PC	PROMOTE EDUCATION INITIATIVES & OPPORTUNITIES	7,500
<b>Total . . . . .</b>				3,495,217
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
AMERICAN JEWISH JOINT COMMUNITY FUND 220 EAST 42ND STREET NEW YORK, NY 10017	NONE	PC	PROGRAM SUPPORT	10,000
AUSCHWITZ JEWISH CENTER FOUNDATION EDMOND J SAFRA PLAZA 36 Battery Place New York, NY 10280	NONE	POF	PROGRAM SUPPORT	1,000
BAOBAB CULTURAL CENTER 728 UNIVERSITY AVE ROCHESTER, NY 14607	NONE	PC	PROGRAM SUPPORT	10,000
BARNES & NOBLEPO BOX 951610 DALLAS, TX 75395	NONE	NC	BOOKS FOR STUDENTS IN MAYOR WARREN'S INSPIRING BEAUTY EVENT	5,698
BCS SCHOLARSHIP FUND FOR BHS 40 WEBSTER PLACE BROOKLINE, MA 02446	NONE	PC	PROGRAM SUPPORT	4,500
<b>Total . . . . .</b>				3,495,217
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
BLESSINGS IN A BACKPACK PO BOX 950921 LOUISVILLE, KY 40295	NONE	PC	HELP CHILDREN IN NEWARK, NY	15,000
E3 ROCHESTER 255 EAST AVENUE 310 ROCHESTER, NY 14607	NONE	PC	COMMON APPLICATION PROGRAM	100,000
EAST HOUSE 259 MONROE AVENUE 200 ROCHESTER, NY 14607	NONE	PC	RECOVERY SUPPORT SERVICES	5,000
ENVOY ENVIRONMENTAL CONSULTANTS 57 AMBROSE STREET ROCHESTER, NY 14608	NONE	NC	ASBESTOS TEST FOR ROOF AT MONTGOMERY NEIGHBORHOOD COMMUNITY CENTER	1,470
GEORGE EASTMAN MUSEUM 900 EAST AVENUE ROCHESTER, NY 14607	NONE	PC	PHONE SYSTEM	100,000
<b>Total . . . . .</b>			►	3,495,217
<b>3a</b>				

## 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>				
GEVA THEATRE CENTER 75 WOODBURY BLVD ROCHESTER, NY 14607	NONE	PC	YOUTH ARTS INITIATIVE	50,000
GREATER ROCHESTER ENTERPRISE FOUNDATION 100 CHESTNUT ST 1910 ROCHESTER, NY 14604	NONE	POF	Program Support	50,000
GREATER ROCHESTER SUMMER LEARNING ASSOCIATION 274 NORTH GOODMAN STREET D103 ROCHESTER, NY 14617	NONE	PC	PROGRAM SUPPORT	60,000
HOMESTEADS FOR HOPE 2185 MANITOU ROAD ROCHESTER, NY 14506	NONE	PC	PROGRAM SUPPORT	25,000
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	PC	PROGRAM SUPPORT	8,000
<b>Total . . . . .</b>				3,495,217
<b>3a</b>				

## 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>				
HUGS FOUNDATION 973 EAST AVENUE ROCHESTER, NY 14607	NONE	PC	PROGRAM SUPPORT	1,000
JEWISH COMMUNITY FEDERATION 441 EAST AVENUE ROCHESTER, NY 14607	NONE	PC	CAPITAL PLEDGE	300,000
LASS 120 CORAL WAY ROCHESTER, NY 14618	NONE	PC	LADIES SEF-SUFFICIENCY PROGRAM	8,750
MASSACHUSETTS COALITION FOR THE HOMELESS 73 BUFFUM STREET LYNN, MA 01902	NONE	PC	PROGRAM SUPPORT	8,000
HILLSIDE WORK SCHOLARSHIP CONNECTION 75 COLLEGE AVENUE ROCHESTER, NY 14607	NONE	PC	PROGRAM SUPPORT	50,000
<b>Total . . . . .</b>				3,495,217
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
RENAISSANCE ACADEMY CHARTER SCHOOL 299 KIRK ROAD ROCHESTER, NY 14612	NONE	PC	EXCELLENCE IN EDUCATION INITIATIVE	50,000
ROCHESTER MUSEUM & SCIENCE CENTER 657 EAST AVENUE ROCHESTER, NY 14607	NONE	PC	PROGRAM SUPPORT	1,000
ROCHESTER CHILDFIRST NETWORK 941 SOUTH AVENUE ROCHESTER, NY 14622	NONE	PC	PROGRAM SUPPORT	10,000
ROCHESTER CITY SCHOOL DISTRICT 131 WEST BROAD STREET ROCHESTER, NY 14614	NONE		PATH FORWARD INITIATIVE	30,000
THE CENTER FOR YOUTH 905 MONROE AVENUE ROCHESTER, NY 14620	NONE	PC	CRISES NURSERY	25,000
<b>Total . . . . .</b>				3,495,217
<b>3a</b>				

## 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>				
THE CHILDREN'S AGENDA 1 SOUTH WASHINGTON STREET 120 ROCHESTER, NY 14614	NONE	PC	ADVOCACY PROGRAM	177,419
THE LAWRENCE & ELYSE FINE COMMUNITY FUND 441 EAST AVENUE ROCHESTER, NY 14607	NONE	PC	PROGRAM SUPPORT	11,400
THE LINKS FOUNDATION ROCHESTER CHAPTER PO BOX 22873 ROCHESTER, NY 14692	NONE	PC	EVENT SPONSORSHIP	1,000
THE UNIVERSITY OF ROCHESTER 500 JOSEPH C WILSON BLVD ROCHESTER, NY 14627	NONE	PC	CULINARY EXPERIENCE	25,000
WOODLAND GOLF CLUB SCHOLARSHIP FOUNDATION 1897 WASHINGTON STREET AUBURN, MA 02466	NONE	PC	PROGRAM SUPPORT	4,500
<b>Total . . . . .</b>				3,495,217
<b>3a</b>				

## TY 2017 Accounting Fees Schedule

**Name:** William & Sheila Konar Foundation

**EIN:** 22-2434846

## Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING & 990PF PREPARATION	19,950	19,950		

# TY 2017 All Other Program Related Investments Schedule

**Name:** William & Sheila Konar Foundation

**EIN:** 22-2434846

Category	Amount
NONE	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2017 Depreciation Schedule

**Name:** William & Sheila Konar Foundation

**EIN:** 22-2434846

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER EQUIPMENT	2016-10-16	1,024	51	M5		389			
LEASEHOLD IMPROV	2017-05-17	88,490		M39		1,420			
COMPUTER SOFTWARE	2017-01-18	10,588		SL	3	3,235			
FURNITURE & FIXTUR	2017-05-01	70,095		M7		10,017			
COMPUTER EQUIPMENT	2017-03-14	36,180		M5		7,236			

## TY 2017 Investments Corporate Bonds Schedule

**Name:** William & Sheila Konar Foundation

**EIN:** 22-2434846

### Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
ISRAEL BONDS	300,000	300,000

## TY 2017 Investments Corporate Stock Schedule

**Name:** William & Sheila Konar Foundation

**EIN:** 22-2434846

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
JP MORGAN	513,701	511,475
BERNSTEIN	103,522,132	112,473,800
MORGAN STANLEY	8,002,610	8,596,342

**TY 2017 Land, Etc.  
Schedule****Name:** William & Sheila Konar Foundation**EIN:** 22-2434846

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
COMPUTER EQUIPMENT	1,024	440	584	
LEASEHOLD IMPROV	88,490	1,420	87,070	
COMPUTER SOFTWARE	10,588	3,235	7,353	
FURNITURE & FIXTUR	70,095	10,017	60,078	
COMPUTER EQUIPMENT	36,180	7,236	28,944	

## TY 2017 Other Assets Schedule

**Name:** William & Sheila Konar Foundation**EIN:** 22-2434846

## Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DIVIDENDS/INTEREST RECEIVABLE	32,616	227,413	227,413

## TY 2017 Other Expenses Schedule

**Name:** William & Sheila Konar Foundation  
**EIN:** 22-2434846

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS EXPENSE	4,253	4,253		
INVESTMENT MANAGEMENT FEE	319,346	319,346		
MANAGEMENT FEE	18,095	18,095		
MAIL/COURIER SERVICE	1,664	1,664		
INFORMATION TECHNOLOGY	14,524	14,524		
OFFICE SUPPLIES	4,924	4,924		
INSURANCE	3,716	3,716		
DUES & SUBSCRIPTIONS	7,393	7,393		
LICENSE & PERMIT FEES	100	100		
TELEPHONE	1,451	1,451		

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MAINTENANCE	1,526	1,526		
PAYROLL FEES	1,819	1,819		

## TY 2017 Other Income Schedule

**Name:** William & Sheila Konar Foundation

**EIN:** 22-2434846

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Miscellaneous Income	1,170	1,170	
In-Kind Income	559	559	

## TY 2017 Other Professional Fees Schedule

**Name:** William & Sheila Konar Foundation

**EIN:** 22-2434846

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ATTORNEY & OTHER CONSULTANTS	19,586	19,586		

# TY 2017 Substantial Contributors

## Schedule

**Name:** William & Sheila Konar Foundation

**EIN:** 22-2434846

Name	Address
William B Konar Estate	75 Thruway Park Drive W Henrietta, NY 14586

## TY 2017 Taxes Schedule

**Name:** William & Sheila Konar Foundation

**EIN:** 22-2434846

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FOREIGN TAXES	41,364	41,364		
STATE TAXES	1,500			

**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  
 ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990)

**2017**
**Name of the organization**  
 William & Sheila Konar Foundation

**Employer identification number**  
 22-2434846
**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 33<sup>1</sup> 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> William & Sheila Konar Foundation		<b>Employer identification number</b> 22-2434846	
<b>Part I</b> <b>Contributors</b> (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	William B Konar Estate 75 Thruway Park Drive	\$ 524,688	Person <input checked="" type="checkbox"/>
	W Henrietta, NY14586		Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	William B Konar Estate 75 Thruway Park Drive	\$ 900,000	Person <input checked="" type="checkbox"/>
	W Henrietta, NY14586		Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	William B Konar Estate 75 Thruway Park Drive	\$ 18,131,478	Person <input checked="" type="checkbox"/>
	W Henrietta, NY14586		Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	William B Konar Estate 75 Thruway Park Drive	\$ 15,500,000	Person <input checked="" type="checkbox"/>
	W Henrietta, NY14586		Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions )			
(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"/>
(Complete Part II for noncash contributions )			
(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"/>
(Complete Part II for noncash contributions )			

**Name of organization**

William &amp; Sheila Konar Foundation

**Employer identification number**

22-2434846

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

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

**Name of organization**

William &amp; Sheila Konar Foundation

**Employer identification number**

22-2434846

**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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee	
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee	
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee	
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee	