

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation William & Sheila Konar Foundation		A Employer identification number 22-2434846	
Number and street (or P O box number if mail is not delivered to street address) 75 THRUWAY PARK DRIVE		B Telephone number (see instructions) (585) 533-2900	
City or town, state or province, country, and ZIP or foreign postal code W HENRIETTA, NY 14586		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 115,405,525		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	5,350,475			
	2 Check ▶ <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	2,951,236	2,951,236		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	2,762,570			
	b Gross sales price for all assets on line 6a _____ 22,790,223				
	7 Capital gain net income (from Part IV, line 2) . . .		2,762,570		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	86,907	86,907		
	12 Total. Add lines 1 through 11	11,151,188	5,800,713		
	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages	175,145			175,145
	15 Pension plans, employee benefits	22,524			22,524
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	29,847	0	0	29,847
	c Other professional fees (attach schedule)	4,000			4,000
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	122,295	120,795		
	19 Depreciation (attach schedule) and depletion . . .	35,768			
	20 Occupancy				
	21 Travel, conferences, and meetings	17,884			17,884
	22 Printing and publications	3,057			3,057
	23 Other expenses (attach schedule)	473,332	399,581		73,751
	24 Total operating and administrative expenses. Add lines 13 through 23	883,852	520,376	0	326,208
	25 Contributions, gifts, grants paid	5,933,554			5,933,554
	26 Total expenses and disbursements. Add lines 24 and 25	6,817,406	520,376	0	6,259,762
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	4,333,782			
	b Net investment income (if negative, enter -0-)		5,280,337		
c Adjusted net income (if negative, enter -0-) . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	1,031,453	2,818,655	2,818,655
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____	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)	112,038,443	114,639,287	111,928,814
	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 ▶ _____ 227,699 Less accumulated depreciation (attach schedule) ▶ 58,116	184,029	169,583	169,583
15	Other assets (describe ▶ _____)	227,413	188,473	188,473	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	113,782,224	118,115,998	115,405,525	
Liabilities	17	Accounts payable and accrued expenses	0	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 ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	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	113,782,224	118,115,998	
	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)	113,782,224	118,115,998	
31	Total liabilities and net assets/fund balances (see instructions) .	113,782,224	118,115,998		

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	113,782,224
2	Enter amount from Part I, line 27a	2	4,333,782
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	118,116,006
5	Decreases not included in line 2 (itemize) ▶ _____	5	8
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	118,115,998

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			(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 See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) <div style="float: right; font-size: small;"> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	2,762,570
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))
2017	3,649,986	96,496,712	0 037825
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


2 Total of line 1, column (d)	2	0 4387
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 08774
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	123,191,517
5 Multiply line 4 by line 3	5	10,808,824
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	52,803
7 Add lines 5 and 6	7	10,861,627
8 Enter qualifying distributions from Part XII, line 4	8	6,259,762

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 type="checkbox"/> and enter 1% of Part I, line 27b	1	105,607
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	105,607
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	105,607
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	40,000
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	110,000
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	150,000
8	Enter any penalty for underpayment of estimated tax. Check here <input 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	44,393
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 44,393 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). 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	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? If "Yes," attach a detailed description of the activities	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? If "Yes," attach a conformed copy of the changes	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? If "Yes," attach the statement required by General Instruction T	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? If "Yes," complete Part II, col (c), and Part XV	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? If "No," attach explanation .	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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 	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 ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>ANN MARIE MAHONEY</u> Telephone no ▶ <u>(585) 533-2903</u>			

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 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 2018, 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?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

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

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

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. <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 2018? <input type="checkbox"/>	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <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 2018 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 2018). <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 2018?	4b	No

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

		Yes	No
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b	
Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	7b	No
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MARILYNN GRANT	PROGRAM DIRECTOR	130,208	0	0
227 GENESEE PARK BLVD	40 0			
ROCHESTER, NY 14619				
Total number of other employees paid over \$50,000.			<input type="checkbox"/>	

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
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	
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	122,374,136
b	Average of monthly cash balances.	1b	2,693,394
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	125,067,530
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	125,067,530
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,876,013
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	123,191,517
6	Minimum investment return. Enter 5% of line 5.	6	6,159,576

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	6,159,576
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	105,607
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	105,607
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	6,053,969
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	6,053,969
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	6,053,969

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	6,259,762
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	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	6,259,762
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	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	6,259,762

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				6,053,969
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 2016, 2015, 2014		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015. 331,368				
d From 2016. 1,008,919				
e From 2017.				
f Total of lines 3a through e.	1,340,287			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 6,259,762				
a Applied to 2017, but not more than line 2a			0	
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 2018 distributable amount.				6,053,969
e Remaining amount distributed out of corpus	205,793			
5 Excess distributions carryover applied to 2018 (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	1,546,080			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
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 2013 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	1,546,080			
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015. 331,368				
c Excess from 2016. 1,008,919				
d Excess from 2017.				
e Excess from 2018. 205,793				

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 2018, 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	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) 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 <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.	
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed Ann Marie Mahoney 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, Mid-June, Mid-September, Mid-Novem	
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 organizations, 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**

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				
b <i>Approved for future payment</i>				
Total ► 3b				

Enter gross amounts unless otherwise indicated

13 Total. Add line 12, columns (b), (d), and (e).	13	5,800,713
(See worksheet in line 13 instructions to verify calculations)		

[illegible]

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
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.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

Sign Here	*****	2019-05-07	*****	May the IRS discuss this return with the preparer shown below? (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN
	Cynthia Jewell		2019-05-07		P01234019
	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)
1 BERNSTEIN #028-10061 ST COVERED			
1 BERNSTEIN #028-10061 LT COVERED			
BERNSTEIN #888-99481 ST COVERED			
BERNSTEIN #888-99481 LT COVERED			
BERNSTEIN #888-99481 CIL			
MORGAN STANLEY #881-143165 ST COVERED			
MORGAN STANLEY #881-143165 LT COVERED			
MORGAN STANLEY #881-143165 LT NON-COVERED			
MORGAN STANLEY #881-010037 ST COVERED			
MORGAN STANLEY #881-010037 LT COVERED			

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
4,158		4,114	44
330,711		321,361	9,350
4,263,450		4,169,066	94,384
13,675,981		11,513,285	2,162,696
28			28
2,149		2,317	-168
314,350		351,530	-37,180
486,876		648,016	-161,140
102,049		101,035	1,014
225,302		241,501	-16,199

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			44
			9,350
			94,384
			2,162,696
			28
			-168
			-37,180
			-161,140
			1,014
			-16,199

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)
MORGAN STANLEY #881-010037 LT NON-COVERED			
1 MORGAN STANLEY #881-010039 ST COVERED			
MORGAN STANLEY #881-010039 LT COVERED			
MORGAN STANLEY #881-010041 LT COVERED			
MORGAN STANLEY #881-010042 ST COVERED			
MORGAN STANLEY #881-010042 LT COVERED			
MORGAN STANLEY #881-010082 ST COVERED			
MORGAN STANLEY #881-010082 LT COVERED			
MORGAN STANLEY #881-010012 LT NON COVERED			
MORGAN STANLEY #881-010013 LT NON-COVERED			

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
25,724		24,678	1,046
4,066		8,533	-4,467
71,060		49,838	21,222
93,665		71,279	22,386
37,570		50,567	-12,997
319,597		322,662	-3,065
28,779		23,278	5,501
147,926		83,291	64,635
997,451		1,014,203	-16,752
1,100,272		1,027,099	73,173

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			1,046
			-4,467
			21,222
			22,386
			-12,997
			-3,065
			5,501
			64,635
			-16,752
			73,173

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)
CAPITAL GAIN DIVIDENDS	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)
			559,059

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

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

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
SHEILA KONAR	Trustee, Hours - As Required 0	0	0	0
75 THRUWAY PARK DRIVE W HENRIETTA, NY 14586				
HOWARD KONAR	Trustee, Hours - As Required 0	0	0	0
75 THRUWAY PARK DRIVE W HENRIETTA, NY 14586				
RACHAEL GUTTENBERG	Trustee, Hours - As Required 0	0	0	0
75 THRUWAY PARK DRIVE W HENRIETTA, NY 14586				
DONALD NOWILL	Trustee, Hours - As Required 0	0	0	0
41 Taylor Crossway Brookline, MA 02146				
Lawrence Fine	Trustee, Hours - As Required 0	0	0	0
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)				
a Paid during the year				
MONROE COMMUNITY COLLEGE Damon City Campus 228 East Main Street Rochester, NY 14604	NONE	PC	Scholarship Support for Students	17,500
CANCER WELLNESS CONNECTIONS 7 Brickston Drive Pittsford, NY 14534	NONE	PC	Support for patient care/medical treatments	2,500
MAYO CLINIC FOUNDATION 2200 First Street SW Rochester, MN 559050001	NONE	POF	General support for greatest needs at Mayo Clinic	2,500
Total ▶ 3a				5,933,554

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>				
CHABAD LUBAVITCH 1037 Winton Road South Rochester, NY 14618	NONE	PC	Services for Jewish community	10,000
GARTH FAGAN DANCE 50 Chestnut Street Rochester, NY 14604	NONE	PC	Program support to promote dance in communities	2,500
JEWISH COMMUNITY CENTER 1200 Edgewood Avenue Rochester, NY 14618	NONE	PC	Capital campaign & Program S upport	153,500
Total ▶ 3a				5,933,554

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>				
JEWISH COMMUNITY CENTER (FILM FESTIVAL) 1200 Edgewood Avenue Rochester, NY 14618	NONE	PC	Jewish cultural support through film	25,000
JEWISH COMMUNITY FEDERATION 441 East Avenue Rochester, NY 14607	NONE	PC	Services for Jewish community	400,000
JEWISH FAMILY SERVICE 441 East Avenue Rochester, NY 14607	NONE	PC	Services for Jewish families	61,100
Total ► 3a				5,933,554

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>				
LIFESPAN1900 South Clinton Avenue Rochester, NY 14618	NONE	PC	Services for geriatric care	20,000
THE LITTLE THEATRE240 East Avenue Rochester, NY 14604	NONE	PC	Support of local artists, music & film	52,500
MEMORIAL ART GALLERY 500 University Avenue Rochester, NY 146071484	NONE	PC	Program support for the arts	42,500
Total ▶ 3a				5,933,554

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>				
RPO108 East Avenue Rochester, NY 14604	NONE	PC	Annual campaign support for local musicians	50,000
TEMPLE BETH EL FOUNDATION 139 Winton Road South Rochester, NY 146102997	NONE	POF	Support for Jewish religious services	112,500
UNITED WAY75 College Avenue Rochester, NY 146071009	NONE	PC	General community support services	10,000
Total ▶ 3a				5,933,554

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				
US HOLOCAUST MUSEUM 100 Raoul Wallenberg Place SW Washington, DC 200242126	NONE	PC	Tolerance education/promotion of Jewish history	325,000
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	5,000
Total ► 3a				5,933,554

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				
GEORGE EASTMAN HOUSE 900 East Avenue Rochester, NY 146072298	NONE	PC	Support for museum's activities/programs	350,000
SISTERS OF ST JOSEPH 150 French Road Rochester, NY 146183822	NONE	PC	MEDICAL SUPPORT OF RETIRED SISTERS	3,500
ALZHEIMER'S ASSOCIATION 435 East Henrietta Road Rochester, NY 14602	NONE	PC	Program & services for Alzheimer's patients	2,500
Total ▶ 3a				5,933,554

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>				
AL SIGL CENTER 1000 Elmwood Avenue Suite 300 Rochester, NY 146203098	NONE	PC	Support for programs & services to children & families	2,500
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
Total ▶ 3a				5,933,554

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>				
JEWISH SENIOR LIFE 2021 Winton Road South Rochester, NY 14618	NONE	PC	Services for Jewish senior citizens plus synagogue repairs & upgrades	100,000
NAZARETH COLLEGE4245 East Avenue Rochester, NY 14618	NONE	PC	Music Performance Center & Program Support	150,000
UNIVERSITY OF ROCHESTER 300 E River Rd PO Box 270032 Rochester, NY 14627	NONE	PC	Grants & Program Support	613,824
Total ▶ 3a				5,933,554

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 8444 GREENWOOD BLVD DENVER, CO 80221	NONE	PC	PROMOTE EDUCATION INITIATIVES & OPPORTUNITIES	7,500
AMERICAN JEWISH JOINT COMMUNITY FUND 220 EAST 42ND STREET NEW YORK, NY 10017	NONE	PC	PROGRAM SUPPORT	10,000
BAOBAB CULTURAL CENTER 728 UNIVERSITY AVE ROCHESTER, NY 14607	NONE	PC	PROGRAM SUPPORT & Discovery Lab	50,000
Total ▶ 3a				5,933,554

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>				
BCS SCHOLARSHIP FUND FOR BHS 40 WEBSTER PLACE BROOKLINE, MA 02446	NONE	PC	PROGRAM SUPPORT	13,000
E3 ROCHESTER255 EAST AVENUE 310 ROCHESTER, NY 14607	NONE	PC	COMMON APPLICATION PROGRAM	50,000
EAST HOUSE259 MONROE AVENUE 200 ROCHESTER, NY 14607	NONE	PC	RECOVERY SUPPORT SERVICES	10,000
Total ▶ 3a				5,933,554

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>				
GEVA THEATRE CENTER 75 WOODBURY BLVD ROCHESTER, NY 14607	NONE	PC	Education Programs	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	EPK to 3rd Grade Initiative	60,000
Total ▶ 3a				5,933,554

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>				
HOMESTEADS FOR HOPE 2185 MANITOU ROAD ROCHESTER, NY 14506	NONE	PC	RSW Experience Program	50,000
RENAISSANCE ACADEMY CHARTER SCHOOL 299 KIRK ROAD ROCHESTER, NY 14612	NONE	PC	EXCELLENCE IN EDUCATION INITIATIVE	90,000
ROCHESTER MUSEUM & SCIENCE CENTER 657 EAST AVENUE ROCHESTER, NY 14607	NONE	PC	PROGRAM SUPPORT	2,500
Total ▶ 3a				5,933,554

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>				
ROCHESTER CHILDFIRST NETWORK 941 SOUTH AVENUE ROCHESTER, NY 14622	NONE	PC	Teaching Pyramid	10,000
ROCHESTER CITY SCHOOL DISTRICT 131 WEST BROAD STREET ROCHESTER, NY 14614	NONE		PATH FORWARD INITIATIVE	6,000
THE CENTER FOR YOUTH SERVICES 905 MONROE AVENUE ROCHESTER, NY 14620	NONE	PC	CRISES NURSERY	25,000
Total ► 3a				5,933,554

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 CHILDREN'S AGENDA 1 SOUTH WASHINGTON STREET 120 ROCHESTER, NY 14614	NONE	PC	ADVOCACY PROGRAM	160,000
THE LAWRENCE & ELYSE FINE COMMUNITY FUND 441 EAST AVENUE ROCHESTER, NY 14607	NONE	PC	PROGRAM SUPPORT	11,400
ACTION FOR A BETTER COMMUNITY 400 WEST AVENUE ROCHESTER, NY 14604	NONE	PC	Help low-income families	2,500
Total ► 3a				5,933,554

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>				
ALLENDAL COLUMBIA SCHOOL 519 Allens Creek Road Rochester, NY 14618	none	PC	New Scholarship Program	15,000
BADEN STREET SETTLEMENT 152 Baden Street Rochester, NY 14605	None	PC	Award for Metro Council - Teen Empowerment	84,500
BORINQUEN DANCE THEATRE 121 Fitzhugh Street Rochester, NY 14614	None	PC	Self development & grant program	40,000
Total ► 3a				5,933,554

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>				
BUILDING EXCELLENT SCHOOLS 31 Milk Street Boston, MA 02109	None	PC	Start-up Program & Fellowship	412,000
CAMERON COMMUNITY MINISTRIES 48 Cameron Street Rochester, NY 14606	None	PC	After School Academy Award	10,000
CARTHAGE COLLEGE2001 Alford Park Dr Kenosha, WI 53140	None	PC	M Hancock Designation	5,000
Total ▶ 3a				5,933,554

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>				
CHILDRENS INSTITUTE 274 Goodman Street N Rochester, NY 14607	None	PC	UPK Teacher's Perceptions	31,100
CHURCH OF DIVINE INSPIRATION 27 Appleton Street Rochester, NY 14611	None	PC	B Keaveny Designation	5,000
CONNECTED COMMUNITIES 410 Atlantic Avenue Rochester, NY 14609	None	PC	Program Support	151,368
Total ▶ 3a				5,933,554

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				
FLOWER CITY ARTS CENTER 713 Monroe Avenue Rochester, NY 14607	None	PC	Expanding the Field	59,000
FOODLINK1999 Mt Read Blvd Rochester, NY 14615	None	PC	Community Kitchen Institute	100,000
FRANK R WILLIAMS SCHOLARSHIP FUND PO Box 55216 Washington, DC 20040	None	PC	B Bethea Designation	5,000
Total ▶ 3a				5,933,554

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>				
FREEDOM HOUSE1850 M Street NW Washington, DC 20036	None	PC	Program Support	100,000
FRIENDLY SENIOR LIVING 3156 East Avenue Rochester, NY 14618	None	PC	Program Support	50,000
HADASSAH400 Wall Street New York, NY 10005	None	PC	Program Support	1,500
Total ▶ 3a				5,933,554

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>				
HIGHLAND HOSPITAL FOUNDATION 1000 South Avenue Rochester, NY 14620	None	PC	Program Support	2,500
HOPE HALL SCHOOL1612 Buffalo Road Rochester, NY 14624	None	PC	Scholarship/Career Development & Occupational Studies Program	50,000
HORIZONS FOR HOMELESS CHILDREN 1705 Columbus Avenue Roxbury, MA 02119	None	PC	Program Support	6,000
Total ▶ 3a				5,933,554

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>				
LYMPHATIC EDUCATION & RESEARCH NETWORK 261 Madison Avenue New York, NY 10016	None	PC	Program Support	2,500
NYS LITERACY CENTER (NYSLC) 168 Canal Street New York, NY 10013	None	PC	Rebuilding Families	5,650
QUINCY PUBLIC SCHOOLS 34 Coddington Street Quincy, MA 02169	None	PC	Program Support	6,000
Total ► 3a				5,933,554

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>				
ROBERTS WESLEYAN COLLEGE 2301 Westside Drive Rochester, NY 14624	None	PC	Retention & Persistence Scholarships	5,000
ROCHESTER CHILDRENS SCHOLARSHIP FUND 131 W Broad Street Rochester, NY 14614	None	PC	D Vega Designation	5,000
ROCHESTER AREA COMMUNITY FOUNDATION 500 East Avenue Rochester, NY 14607	None	POF	Nautilus Scholarship Fund	25,000
Total ▶ 3a				5,933,554

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>				
ROCHESTER BROADWAY THEATRE LEAGUE 885 E Main Street Rochester, NY 14605	None	PC	Program Support	5,000
ROCHESTER INSTITUTE OF TECHNOLOGY 1 Lomb Memorial Drive Rochester, NY 14623	None	PC	MCAS Summer Bridge Program	50,000
RUSH-HENRIETTA ROTARY CLUB FOUNDATION PO Box 22838 Rochester, NY 14692	None	PC	Literacy Program	2,000
Total ▶ 3a				5,933,554

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>				
SOUTHWEST AREA NEIGHBORHOOD ASSOCIATION 275 Drive Samuel McCree Way Rochester, NY 14611	None	PC	Montgomery Neighborhood Center Roof Replacement	90,570
ST JOHN FISHER COLLEGE 3690 East Avenue Rochester, NY 14618	None	PC	Trauma Sensitive Classrooms	27,812
RENAJA MCDONALDCulver Road Rochester, NY 14609	None	I	College Supplies	1,930
Total ▶ 3a				5,933,554

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>				
SUNY GENESEO1 College Circle Geneseo, NY 14454	None	PC	RKids	4,000
THE CENTER FOR TEEN EMPOWERMENT 392 Genesee Street Rochester, NY 14611	None	PC	Program Services	101,000
THE EDUCATION TRUST 1250 H Street NW Washington, DC 20005	None	PC	Building Parent Capacity for Resource Advocacy in Rochester	50,000
Total ▶ 3a				5,933,554

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 STRONG MUSEUM 1 Manhattan Square Rochester, NY 14607	None	PC	Transforming Woodbury School	100,000
THETA ALPHA ZETAUnknown Rochester, NY 14604	None	PC	Eiffel Tower Sponsorship	1,500
UNIVERSITY OF ROCHESTER WARNER SCHOOL OF EDUCATION 500 Wilson Blvd Rochester, NY 14627	None	PC	A12059-CUES	1,080,000
Total ► 3a				5,933,554

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>				
YOUNG WOMENS COLLEGE PREP FOUNDATION 133 Hoover Drive Rochester, NY 14615	None	PC	J Gkourlias Designation	5,000
YWCA OF ROCHESTER & MONROE COUNTY 175 N Clinton Ave Rochester, NY 14604	None	PC	Program Support	800
Total ▶ 3a				5,933,554

TY 2018 Accounting Fees Schedule**Name:** William & Sheila Konar Foundation**EIN:** 22-2434846

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING & 990PF PREPARATION	29,847			29,847

TY 2018 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 2018 Depreciation Schedule

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

Depreciation Schedule

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	440	M5		233			
LEASEHOLD IMPRVMT	2017-05-17	88,490	1,420	M39		2,269			
COMPUTER SOFTWARE	2017-01-18	10,588	3,235	SL	3	3,529			
FURNITURE/FIXTURES	2017-05-01	70,095	10,017	M7		17,166			
COMPUTER EQUIPMENT	2017-03-14	36,180	7,236	M5		11,578			
SIGNAGE/LOGO PANEL	2018-06-11	10,675		M39		148			
DOORS	2018-09-20	4,986		M39		37			
LOBBY FURNITURE	2018-07-06	1,192		M7		170			
TABLES	2018-09-13	2,814		M7		402			
FILE CABINETS	2018-12-14	1,655		M7		236			

TY 2018 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 2018 Investments Corporate Stock Schedule**Name:** William & Sheila Konar Foundation**EIN:** 22-2434846**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
JP MORGAN	6,366,503	6,413,745
BERNSTEIN	101,919,983	99,106,505
MORGAN STANLEY	6,352,801	6,408,564

**TY 2018 Land, Etc.
Schedule****Name:** William & Sheila Konar Foundation**EIN:** 22-2434846

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER EQUIPMENT	1,024	673	351	
LEASEHOLD IMPRVMT	88,490	3,689	84,801	
COMPUTER SOFTWARE	10,588	6,764	3,824	
FURNITURE/FIXTURES	70,095	27,183	42,912	
COMPUTER EQUIPMENT	36,180	18,814	17,366	

TY 2018 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	227,413	188,473	188,473

TY 2018 Other Decreases Schedule

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

Description	Amount
ROUNDING ITEMS TO BALANCE	8

TY 2018 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	1,604			1,604
INVESTMENT MANAGEMENT FEE	399,581	399,581		
MANAGEMENT FEE	18,000			18,000
MAIL/COURIER SERVICE	2,125			2,125
INFORMATION TECHNOLOGY	13,663			13,663
OFFICE SUPPLIES	7,664			7,664
INSURANCE	3,405			3,405
DUES & SUBSCRIPTIONS	8,109			8,109
TELEPHONE	1,573			1,573
MAINTENANCE	1,935			1,935

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERSTISING & MARKETING	13,242			13,242
CAM CHARGES	2,431			2,431

TY 2018 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	86,907	86,907	

TY 2018 Other Professional Fees Schedule**Name:** William & Sheila Konar Foundation**EIN:** 22-2434846

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVISORY COUNCIL FEES	4,000			4,000

TY 2018 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
William B Konar Estate	75 Thruway Park Drive W Henrietta, NY 14586

TY 2018 Taxes Schedule**Name:** William & Sheila Konar Foundation**EIN:** 22-2434846

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	63,450	63,450		
NYS FILING FEES	1,500			
FEDERAL TAXES	57,345	57,345		

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491268004169							
<div>Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small></div>		<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Go to www.irs.gov/Form990 for the latest information</div>			<div>OMB No 1545-0047</div> <div>2018</div>						
<div>Name of the organization</div> <div>William & Sheila Konar Foundation</div>				<div>Employer identification number</div> <div>22-2434846</div>							
<div>Organization type (check one)</div>											
<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>						<div>Section:</div> <div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>					
<div>Check if your organization is covered by the General Rule or a Special Rule.</div> <div>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</div>											
<div>General Rule</div> <div><input checked="" type="checkbox"/> 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.</div>											
<div>Special Rules</div> <div><input type="checkbox"/> 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.</div> <div><input type="checkbox"/> 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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.</div> <div><input type="checkbox"/> 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$</div>											
<div>Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).</div>											
For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF		Cat No 30613X		Schedule B (Form 990, 990-EZ, or 990-PF) (2018)							

Name of organization William & Sheila Konar Foundation	Employer identification number 22-2434846
--	---

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	William B Konar Estate 75 Thruway Park Drive W Henrietta, NY 14586	\$ 5,025,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	William B Konar Estate 75 Thruway Park Drive W Henrietta, NY 14586	\$ 325,475	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

22-2434846

Part II	Noncash Property
----------------	-------------------------

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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