

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2022, or fiscal year beginning 10/01/2022 and ending 09/30/2023

2022

Department of the Treasury
Internal Revenue Service

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

EIN or SSN

THE ESTHER A. & JOSEPH KLINGENSTEIN FUND, INC

13-6028788

Name and title of officer or person subject to tax

NANCY SIMPKINS, VICE PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).	4b <u>20,936.</u>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D).	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize HOFFMAN MULLIGAN, CPAS, L to enter my PIN 26324 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 08/15/2024

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13533511246

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date 01/31/2024

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2022 or tax year beginning 10/01/2022 and ending 09/30/2023

Name of foundation: THE ESTHER A. & JOSEPH KLINGENSTEIN FUND, INC. Employer identification number: 13-6028788. Telephone number: (212) 583-1100. City: NEW YORK, NY 10006. Accounting method: MODIFIED CASH.

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-27).

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing		291,613.	97,367.	97,367.
	2	Savings and temporary cash investments		128,031.	328,280.	328,280.
	3	Accounts receivable				
		Less: allowance for doubtful accounts _____				
	4	Pledges receivable _____				
		Less: allowance for doubtful accounts _____				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) _____				
		Less: allowance for doubtful accounts _____				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U.S. and state government obligations (attach schedule).**		NONE	19,746.	19,909.
	b	Investments - corporate stock (attach schedule)				
	c	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment: basis _____ Less: accumulated depreciation (attach schedule) _____				
12	Investments - mortgage loans					
13	Investments - other (attach schedule) STMT 8 . .		126,209,839.	122,076,992.	113,010,705.	
14	Land, buildings, and equipment: basis _____ Less: accumulated depreciation (attach schedule) _____	1,136,714. 536,221.	684,020.	600,493.	600,493.	
15	Other assets (describe _____ STMT 12)		125,163.	131,989.	131,989.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		127,438,666.	123,254,867.	114,188,743.	
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons . .				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe _____)				
23	Total liabilities (add lines 17 through 22)		NONE	NONE		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.					
	24	Net assets without donor restrictions		127,438,666.	123,254,867.	
	25	Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.					
	26	Capital stock, trust principal, or current funds				
	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
	28	Retained earnings, accumulated income, endowment, or other funds . .				
29	Total net assets or fund balances (see instructions)		127,438,666.	123,254,867.		
30	Total liabilities and net assets/fund balances (see instructions)		127,438,666.	123,254,867.		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1 127,438,666.
2	Enter amount from Part I, line 27a	2 -4,184,905.
3	Other increases not included in line 2 (itemize) SEE STATEMENT 13	3 1,106.
4	Add lines 1, 2, and 3	4 123,254,867.
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 29	6 123,254,867.

** STMT 7

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a SEE PART IV SCHEDULE				
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				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				
(i) FMV 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				
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	134,271.
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 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 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	20,936.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	
3	Add lines 1 and 2	3	20,936.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	20,936.
6	Credits/Payments:		
a	2022 estimated tax payments and 2021 overpayment credited to 2022	6a	25,200.
b	Exempt foreign organizations - tax withheld at source	6b	NONE
c	Tax paid with application for extension of time to file (Form 8868)	6c	1,400.
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	26,600.
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	NONE
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	5,664.
11	Enter the amount of line 10 to be: Credited to 2023 estimated tax 5,664. Refunded	11	

Part VI-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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the 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.		X
c Did the foundation file Form 1120-POL for this year?		X
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.		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
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?	X	
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 XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>NY,</u>		
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 <i>General Instruction G</i> ? If "No," attach explanation	X	
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 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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		X
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.		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>WWW.KLINGENSTEIN.ORG</u>	X	
14 The books are in care of <u>JANET L MULLIGAN</u> Telephone no. <u>583-1100 X234</u> Located at <u>61 BROADWAY, SUITE 1601 NEW YORK, NY</u> ZIP+4 <u>10006</u>		
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 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

Part VI-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?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)?	1a(5)	X
(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.)	1a(6)	X
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	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here. <input type="checkbox"/>		
d 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 2022?	1d	X
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 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?	2a	X
If "Yes," list the years _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2022 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.)	3b	X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2022?	4b	X

Part VI-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:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		X
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		X
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		X
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	5a(4)		X
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)		X
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
c	Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
d	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).	5d		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a		X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	6b		X
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		X
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
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(s) during the year?	8		X

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

1 List all officers, directors, trustees, and 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 STATEMENT 14		232,537.	32,708.	NONE

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
SEE STATEMENT 19		107,242.	29,358.	NONE

Total number of other employees paid over \$50,000 NONE

Part VII 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
SEE STATEMENT 20		141,443.

Total number of others receiving over \$50,000 for professional services NONE

Part VIII-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 NONE	
2	
3	
4	

Part VIII-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 NONE	
Total. Add lines 1 through 3	

Part IX 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	111,924,204.
b	Average of monthly cash balances	1b	627,940.
c	Fair market value of all other assets (see instructions).	1c	2,308,180.
d	Total (add lines 1a, b, and c)	1d	114,860,324.
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	NONE
3	Subtract line 2 from line 1d	3	114,860,324.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).	4	1,722,905.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	113,137,419.
6	Minimum investment return. Enter 5% (0.05) of line 5.	6	5,656,871.

Part X 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 IX, line 6.	1	5,656,871.
2a	Tax on investment income for 2022 from Part V, line 5.	2a	20,936.
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b.	2c	20,936.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	5,635,935.
4	Recoveries of amounts treated as qualifying distributions	4	239,347.
5	Add lines 3 and 4	5	5,875,282.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	5,875,282.

Part XI 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	7,575,338.
b	Program-related investments - total from Part VIII-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	7,575,338.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				5,875,282.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only.			5,925,553.	
b Total for prior years: 20 20 ,20 19 ,20 18				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				NONE
f Total of lines 3a through e	NONE			
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 7,575,338.				
a Applied to 2021, but not more than line 2a . . .			5,925,553.	
b Applied to undistributed income of prior years (Election required - see instructions).				
c Treated as distributions out of corpus (Election required - see instructions)	1,300,000.	STMT 21		
d Applied to 2022 distributable amount.				349,785.
e Remaining amount distributed out of corpus. . .	NONE			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	NONE			NONE
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,300,000.			
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023.				5,525,497.
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)	1,300,000.			
8 Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) NOT APPLICABLE

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling

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

	Tax year				(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, 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 IX, 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 XIV 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).)

N/A

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

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

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

c Any submission deadlines:

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

Part XIV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	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
a <i>Paid during the year</i> SEE STATEMENT 22				6,281,295.
Total				3a 6,281,295.
b <i>Approved for future payment</i>				
Total				3b

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, Other investment income, Gain or loss from sales, Net income from special events, Gross profit from sales, and Subtotal.

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

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes. Includes the text 'NOT APPLICABLE'.

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

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

	Yes	No
1a(1) Cash		X
1a(2) Other assets		X
b Other transactions:		
1b(1) Sales of assets to a noncharitable exempt organization		X
1b(2) Purchases of assets from a noncharitable exempt organization		X
1b(3) Rental of facilities, equipment, or other assets		X
1b(4) Reimbursement arrangements		X
1b(5) Loans or loan guarantees		X
1b(6) Performance of services or membership or fundraising solicitations		X
1c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
- 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	NANCY SIMPKINS	08/15/2024	VICE PRESIDENT
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below?
See instructions. Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JANET MULLIGAN , CPA		01/31/2024		P00850378
	Firm's name	Firm's EIN	Phone no.		
	HOFFMAN MULLIGAN, CPAS, LLP	11-2467452	212-583-1100		
	Firm's address	10006-2756		Phone no.	
	61 BROADWAY - SUITE 1601 NEW YORK, NY			212-583-1100	

**FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL SHORT-TERM COMMON TRUST FUND AND PARTNERSHIP, S CORPORATION, AND OTHER ESTATES OR TRUST GAIN OR LOSS					24.	
		TOTAL CAPITAL GAIN DISTRIBUTIONS					NONE	
1,312.		COMPARABLY INC - PASSTHROUGH PROPERTY TYPE: SECURITIES				P	VARIOUS	4/12/2022
							1,312.	
		BIT VAULT INC - PASSTHROUGH PROPERTY TYPE: SECURITIES				P	6/14/2014	3/7/2022
85.							85.	
		KNOWLEDGE DIFFUSION INC PROPERTY TYPE: SECURITIES				P	10/25/2016	01/01/2022
12.							12.	
		DATADOG, INC PROPERTY TYPE: SECURITIES				P	3/30/2016	
44.							44.	
		CARMERA PROPERTY TYPE: SECURITIES				P	6/2/2015	
25.							25.	
		EVERCHARGE					8/15/2015	3/31/2022
169,351.							169,351.	
TOTAL GAIN(LOSS)							----- 134,271. =====	

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

THE ESTHER A. & JOSEPH KLINGENSTEIN FUND, INC

13-6028788

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

[x] 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

[x] 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 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization <p style="text-align: center;">THE ESTHER A. & JOSEPH KLINGENSTEIN FUND, INC</p>	Employer identification number <p style="text-align: center;">13-6028788</p>
--	---

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	SIMONS FOUNDATION 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	\$ 1,300,000.	Person <input checked="" 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.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE ESTHER A. & JOSEPH KLINGENSTEIN FUND, INC

Employer identification number

13-6028788

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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization THE ESTHER A. & JOSEPH KLINGENSTEIN FUND, INC	Employer identification number 13-6028788
--	---

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

FORM 990PF, PART I - OTHER INCOME
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
ORDINARY INCOME/LOSS THRU PARTNERSHIPS	1,827.	1,827.
RETURNED GRANT	239,347.	
OTHER INCOME	649.	
FEDERAL TAX REFUND	281,530.	
	-----	-----
TOTALS	523,353.	1,827.
	=====	=====

FORM 990PF, PART I - LEGAL FEES
 =====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
LEGAL FEES	10,453.			10,453.
TOTALS	10,453.	NONE	NONE	10,453.
	=====	=====	=====	=====

FORM 990PF, PART I - ACCOUNTING FEES
 =====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
ACCOUNTING FEES	29,470.	14,735.		14,735.
TOTALS	29,470.	14,735.	NONE	14,735.
	=====	=====	=====	=====

FORM 990PF, PART I - OTHER PROFESSIONAL FEES
 =====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
-----	-----	-----	-----	-----
CONSULTING FEES	28,120.			28,120.
INVESTMENT FEES	141,443.	141,443.		
PROFESSIONAL FEES NEUROSCIENCE	18,000.			18,000.
NEUROSCIENCE HONORARIUM FEE	34,000.			34,000.
HONORARIUM FEES	6,000.			6,000.
	-----	-----		-----
TOTALS	227,563.	141,443.		86,120.
	=====	=====		=====

FORM 990PF, PART I - TAXES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
FOREIGN TAX	108.	108.
TOTALS	----- 108. =====	----- 108. =====

FORM 990PF, PART I - OTHER EXPENSES
 =====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	CHARITABLE PURPOSES -----
PAYROLL FEES	5,554.		5,554.
PAYROLL COMPENSATION INSURANCE	4,090.		4,090.
IT SERVICES	18,600.		18,600.
PASS-THRU DEDUCTIONS	28,886.	28,886.	
INSURANCE	3,193.		3,193.
OFFICE EXPENSES	65,453.		65,453.
TOTALS	----- 125,776. =====	----- 28,886. =====	----- 96,890. =====

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	ENDING FMV ---
\$20K UST BILL CSIP 912796YTD	NONE	19,746.	19,909.
US OBLIGATIONS TOTAL	NONE	19,746.	19,909.
	=====	=====	=====

FORM 990PF, PART II - OTHER INVESTMENTS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	ENDING FMV ---
INVESTMENT IN PARTNERSHIPS	2,053,639.	2,376,334.	2,376,334.
200,170 SHS OF SPDR S&P 500	92,755,032.	87,401,848.	85,568,672.
13,996 SHS VANGUARD INDEX FUND	3,887,269.	3,887,269.	2,997,663.
56,407 SHS SML CAP GROWTH ETF	15,781,579.	15,781,579.	12,081,251.
46,628 SHS CLOSED END SBI/CBI	11,732,320.	12,629,962.	9,986,785.
	-----	-----	-----
TOTALS	126,209,839.	122,076,992.	113,010,705.
	=====	=====	=====

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT
 =====

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
LEASEHOLD	SL	2,819.			2,819.	736.	188.		924.
LEASEHOLD	SL	12,247.			12,247.	3,060.	816.		3,876.
LEASEHOLD	SL	33,392.			33,392.	7,977.	2,226.		10,203.
LEASEHOLD	SL	19,114.			19,114.	4,353.	1,274.		5,627.
LEASEHOLD	SL	20,513.			20,513.	4,674.	1,368.		6,042.
LEASEHOLD	SL	7,375.			7,375.	1,640.	492.		2,132.
LEASEHOLD	SL	46,058.			46,058.	9,981.	3,071.		13,052.
LEASEHOLD	SL	136,616.			136,616.	28,083.	9,108.		37,191.
LEASEHOLD	SL	16,054.			16,054.	3,121.	1,070.		4,191.
LEASEHOLD	SL	158,163.			158,163.	30,754.	10,544.		41,298.
LEASEHOLD	SL	5,008.			5,008.	918.	334.		1,252.
LEASEHOLD	SL	73,005.			73,005.	13,384.	4,867.		18,251.
LEASEHOLD	SL	22,631.			22,631.	4,024.	1,509.		5,533.
LEASEHOLD	SL	7,457.			7,457.	1,284.	497.		1,781.
LEASEHOLD	SL	29,583.			29,583.	4,930.	1,972.		6,902.
LEASEHOLD	SL	31,424.			31,424.	4,888.	2,095.		6,983.
LEASEHOLD	SL	536.			536.	72.	36.		108.
LEASEHOLD	SL	4,409.			4,409.	710.	294.		1,004.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT
 =====

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
LEASEHOLD	SL	16,867.			16,867.	2,904.	1,124.		4,028.
FURNITURE & EQUIP	M5	74,993.			74,993.	53,396.	8,639.		62,035.
FURNITURE & EQUIP	M5	2,169.			2,169.	1,808.	361.		2,169.
FURNITURE & EQUIP	M5	775.			775.	552.	89.		641.
FURNITURE & EQUIP	M5	3,639.			3,639.	2,591.	419.		3,010.
FURNITURE & EQUIP	M5	14,174.			14,174.	10,092.	1,633.		11,725.
FURNITURE & EQUIP	M5	81,767.			81,767.	58,217.	9,420.		67,637.
FURNITURE & EQUIP	M5	4,743.			4,743.	3,378.	546.		3,924.
FURNITURE & EQUIP	M5	5,175.			5,175.	3,685.	596.		4,281.
FURNITURE & EQUIP	M5	133,956.			133,956.	95,377.	15,432.		110,809.
FURNITURE & EQUIP	M5	1,500.			1,500.	1,068.	173.		1,241.
LEASEHOLD	SL	47,665.			47,665.	4,766.	3,178.		7,944.
WEBSITE & BRANDING	M3	16,950.			16,950.	8,160.	2,826.		10,986.
WEBSITE & BRANDING	M3	62,099.			62,099.	41,397.	20,698.		62,095.
WEBSITE & BRANDING	M3	15,900.			15,900.	15,900.			15,900.
LEASEHOLD	SL	3,346.			3,346.	223.	223.		446.
LEASEHOLD	SL	1,421.			1,421.	NONE	87.		87.
LEASEHOLD	SL	11,900.			11,900.	NONE	727.		727.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT
 =====

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
LEASEHOLD	SL	10,925.			10,925.	NONE	182.		182.
LEASEHOLD	SL	345.			345.	NONE	4.		4.
TOTALS		1,136,713.			1,136,713.	428,103.			536,221.
		=====			=====	=====			=====

FORM 990PF, PART II - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	ENDING FMV ---
CONFERENCE DEPOSIT	6,975.	13,681.	13,681.
SECURITY DEPOSIT	118,188.	118,188.	118,188.
DUE FROM J&PK FOUNDATION	NONE	120.	120.
TOTALS	----- 125,163. =====	----- 131,989. =====	----- 131,989. =====

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
OTHER INCREASES	1,106.

TOTAL	1,106.
	=====

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:
ANDREW KLINGENSTEIN

ADDRESS:
61 BROADWAY SUITE 1601
NEW YORK, NY 10006

TITLE:
TRUSTEE/CEO

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

OFFICER NAME:
NANCY K SIMPKINS

ADDRESS:
61 BROADWAY SUITE 1601
NEW YORK, NY 10006

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 10.00

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:
SARAH K MARTELL

ADDRESS:
61 BROADWAY SUITE 1601
NEW YORK, NY 10006

TITLE:
SECRETARY/TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.50

OFFICER NAME:
JULIE KLINGENSTEIN

ADDRESS:
61 BROADWAY SUITE 1601
NEW YORK, NY 10006

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 4.00

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:
ALAN KLINGENSTEIN

ADDRESS:
61 BROADWAY SUITE 1601
NEW YORK, NY 10006

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.50

OFFICER NAME:
EMMA BROWNSTEIN

ADDRESS:
61 BROADWAY SUITE 1601
NEW YORK, NY 10006

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2.00

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:
ELIOT BRENNER

ADDRESS:
61 BROADWAY SUITE 1601
NEW YORK, NY 10006

TITLE:
EXECUTIVE DIRECTOR/TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 30.00

COMPENSATION 232,537.

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS 32,708.

OFFICER NAME:
ALEXANDRA D. KLINGENSTEIN

ADDRESS:
61 BROADWAY SUITE 1601
NEW YORK, NY 10006

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.50

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:
GREG BROWNSTEIN

ADDRESS:
61 BROADWAY SUITE 1601
NEW YORK, NY 10006

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.50

OFFICER NAME:
ZACHARY TOAL

ADDRESS:
61 BROADWAY SUITE 1601
NEW YORK, NY 10006

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.50

TOTAL COMPENSATION: 232,537.
=====

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: 32,708.
=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES: NONE
=====

990PF, PART VII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

EMPLOYEE NAME:
KATHLEEN POMERANTZ

ADDRESS:
61 BROADWAY #1601 CO HOFFMAN MULLIGAN
NEW YORK, NY 10006

COMPENSATION 107,242.

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS 29,358.

TOTAL COMPENSATION: 107,242.
=====

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: 29,358.
=====

990PF, PART VII-COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

=====

NAME:

COHEN KLINGENSTEIN LLC

ADDRESS:

1410 BROADWAY STE 1701
NEW YORK, NY 10018

TYPE OF SERVICE:

INV ADVISORY FEES

COMPENSATION 141,443.

COMPENSATION EXPLANATION:

COHEN KLINGENSTEIN LLC PROVIDES INVESTMENT ADVISORY SERVICES RELATING TO
THE FOUNDATION'S BROKERAGE ACCOUNT.

TOTAL COMPENSATION: 141,443.

=====

FORM 990PF, PART XII - DISTRIBUTION FROM CORPUS ELECTION
=====

THE FOUNDATION ELECTS TO TREAT \$1,300,000 OF QUALIFYING DISTRIBUTIONS
AS MADE OUT OF CORPUS IN ACCORDANCE WITH SEC 4942(H) WHICH IS AN
AMOUNT EQUAL TO THE DONATIONS FROM THE SIMONS FOUNDATION

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FR

ADDRESS:

111 FRANKLIN STREET

12TH FLOOR

OAKLAND, CA 94607

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

RECIPIENT NAME:

DUKE UNIVERSITY

ADDRESS:

2080 DUKE UNIVERSITY ROAD. DURHAM, NC 27708

DURHAM, NC 27708

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUN

ADDRESS:

1 BROOKINGS DR, ST. LOUIS, MO 63130

ST. LOUIS, MO 63130

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

RECIPIENT NAME:

BAYLOR COLLEGE OF MEDICINE

ADDRESS:

ONE BAYLOR PLAZA

HOUSTON, TN 77030

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

TRUSTEES OF BOSTON UNIVERSITY

ADDRESS:

1 SILLBER WAY

BOSTON, MA 02215

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

RECIPIENT NAME:

VAN ANDEL RESEARCH INSTITUTE

ADDRESS:

333 BOSTWICK AVE. NE

GRAND RAPIDS, MI 49503

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

GORDON RESEARCH CONFERENCES

ADDRESS:

512 LIBERTY LN

WEST KINGSTON, RI 02892

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

WASHINGTON UNIVERSITY IN SAINT LOUIS

ADDRESS:

1 BROOKINGS DR

ST. LOUIS, MO 63130

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

ADDRESS:

77 MASSACHUSETTS AVE.

CAMBRIDGE, MA 02139

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

RECIPIENT NAME:

INDIANA UNIVERSITY

ADDRESS:

517 E. KIRKWOOD AVE. VON LEE SECOND FLOOR.

BLOOMINGTON, IN 47408

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

YALE UNIVERSITY - SPONSORED PROJECT FINANCIAL ADMI

ADDRESS:

25 SCIENCE PARK
PO BOX 208228
NEW HAVEN, CT 06520-8228

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

RECIPIENT NAME:

TRUSTEES OF BOSTON UNIVERSITY

ADDRESS:

1 SILLBER WAY

BOSTON, MA 02215

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FR

ADDRESS:

111 FRANKLIN STREET 12TH FLOOR

OAKLAND, CA 94607

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

RECIPIENT NAME:

COLD SPRING HARBOR LABORATORY

ADDRESS:

1 BUNGTOWN RD.

COLD SPRING HARBOR, NY 11724

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FR

ADDRESS:

111 FRANKLIN STREET 12TH FLOOR

OAKLAND, CA 94607

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

RECIPIENT NAME:

NEW YORK UNIVERSITY - CASH MANGEMENT

ADDRESS:

50 WEST 4TH ST.

NEW YORK, NY 10012

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

TRUSTEES OF PRINCETON UNIVERSITY

ADDRESS:

1 NASSAI HALL

PRINCETON, NJ 08544

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

RECIPIENT NAME:

UNIVERSITY OF OREGON

ADDRESS:

1585 E 13TH AVE.

EUGENE, OR 97403

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

UNIVERSITY OF MASSACHUSETTS MED SCHOOL DEPOSITORY

ADDRESS:

55 LAKE AVENUE NORTH, WORCESTER, MA 01655

WORCESTER, MA 01655

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

RECIPIENT NAME:

COLD SPRING HARBOR LABORATORY

ADDRESS:

1 BUNGTOWN RD.

COLD SPRING HARBOR, NY 11724

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

UT SOUTHWESTERN MEDICAL CENTER

ADDRESS:

5323 HARRY HINES BLVD

DALLAS, TX 75390

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

RECIPIENT NAME:

TRUSTEES OF COLUMBIA UNIVERSITY IN CITY OF NY

ADDRESS:

535 W 116TH ST.

NEW YORK, NY 10027

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

TRUSTEES OF COLUMBIA UNIVERSITY IN CITY OF NY

ADDRESS:

535 W 116TH ST.

NEW YORK, NY 10027

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

RECIPIENT NAME:

FRED HUTCHINSON CANCER RESEARCH CENTER

ADDRESS:

1100 FAIRVIEW AVE N

SEATTLE, WA 98109

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

TRUSTEES OF DARTMOUTH COLLEGE

ADDRESS:

6001 PARKHURST HALL

SUITE 207

OAKLAND, NH 03755

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID.....

75,000.

RECIPIENT NAME:

REGENTS OF THE UNIVERSITY OF CALIFORNIA, SANTA BAR

ADDRESS:

111 FRANKLIN STREET 12TH FLOOR

OAKLAND, CA 94607

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID.....

75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

REGENTS OF THE UNIVERSITY OF CALIFORNIA (UCLA)

ADDRESS:

111 FRANKLIN STREET 12TH FLOOR

OAKLAND, CA 94607

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

RECIPIENT NAME:

MAX PLANCK FLORIDA CORPORATION

ADDRESS:

1 MAX PLANCK WAY I

JUPITER, FL 33458

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

CORNELL UNIVERSITY

ADDRESS:

616 THURSTON AVE. ITHACA, NY 14853

ITHACA, NY 14853

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

RECIPIENT NAME:

UNIVERSITY OF CALIFORNIA BERKELEY

ADDRESS:

UNIVERSITY AVENUE AND OXFORD ST

BERKELEY

CA, CA 94720

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

THE SCRIPPS RESEARCH INSTITUTE

ADDRESS:

10550 N TORREY PINES RD

LA JOLLA, CA 92037

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

RECIPIENT NAME:

THE JOHNS HOPKINS UNIVERSITY

ADDRESS:

3400 NORTH CHARLES STREET
SUITE W620 WYMAN PARK BUILDING
BALTIMORE, MD 21218

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

UT SOUTHWESTERN MEDICAL CENTER

ADDRESS:

5323 HARRY HINES BLVD, DALLAS, TX 75390

DALLAS, TX 75390

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

RECIPIENT NAME:

UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTI

ADDRESS:

4330 SHAWNEE MISSION PKWY, FAIRWAY, KS 66205

FAIRWAY, KS 66205

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

TRUSTEES OF BOSTON UNIVERSITY

ADDRESS:

1 SILLBER WAY

BOSTON, MA 02215

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

AMOUNT OF GRANT PAID..... 75,000.

RECIPIENT NAME:

UNIVERSITY OF MARYLAND, BALTIMORE

ADDRESS:

620 W LEXINGTON ST, BALTIMORE, MD 21201

BALTIMORE, MD 21201

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

THE RESEARCH FOUNDATION FOR SUNY

ADDRESS:

80 MAIDEN LN

NEW YORK, NE 10038

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

RECIPIENT NAME:

REGENTS OF THE UNIVERSITY OF CALIFORNIA (UCLA)

ADDRESS:

111 FRANKLIN STREET

12TH FLOOR

OAKLOAND, CA 94607

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

UNIVERSITY OF PITTSBURGH

ADDRESS:

4200 FIFTH AVE

PITTSBURGH, PW 15260

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

RECIPIENT NAME:

YALE UNIVERSITY - GRANTS AND CONTRACTS FINANCIAL

ADDRESS:

25 SCIENCE PARK

PO BOX 208228

NEW HAVEN, CT 06529

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

THE J. DAVID GLADSTONE INSTITUTES

ADDRESS:

1650 OWENS ST

BOSTON, CA 94158

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

RECIPIENT NAME:

REGENTS OF THE UNIVERSITY OF CALIFORNIA (UCLA)

ADDRESS:

111 FRANKLIN STREET 12TH FLOOR, OAKLAND, CA 94607

OAKLAND, CA 94607

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

TRUSTEES OF COLUMBIA UNIVERSITY IN CITY OF NY

ADDRESS:

535 W 116TH ST. NEW YORK, NY 10027

NEW YORK, NY 10027

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

RECIPIENT NAME:

ZERO TO THREE

ADDRESS:

2445 M STREET NW

SUITE 600

WASHINGTON, DC 20037

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 140,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

STANFORD UNIVERSITY

ADDRESS:

450 JANE STANFORD WAY

STANFORD, CA 94305

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

RECIPIENT NAME:

LENA FOUNDATION

ADDRESS:

361 CENTENNIAL PKWY SUITE 100. LOUSVILLE, CO 80027

SUITE 100

LOUISVILLE, CO 80027

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 150,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

MASSACHUSETTS INSTITUTE OF TECHNOLOGY (MIT RSO GIF

ADDRESS:

77 MASSACHUSETTS AVE

CAMBRIDGE, MA 02139

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

RECIPIENT NAME:

ICAHN SCHOOL OF MOUNT SINAI

ADDRESS:

1 GUSTAVE L. LEVY PLACE

NEW YORK, NY 10029

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

FAMILY CONNECTS INTERNATIONAL

ADDRESS:

3710 UNIVERSITY DRIVE
SUITE 310
DURHAM, NC 27707

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 150,000.

RECIPIENT NAME:

ALL OUR KIN INC.

ADDRESS:

153 EAST ST
THIRD FLOOR
NEW HAVEN, CT 06511

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 75,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

NEW VENTURE FUND

ADDRESS:

1201 CONNECTICUT AVENUE

NW SUITE 300

WASHINGTON, DC 20036

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-ADVOCACY

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 30,000.

RECIPIENT NAME:

BIPARTISAN POLICY CENTER

ADDRESS:

1225 I ST NW

SUITE 1000

WASHINGTON, DC 20005

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-ADVOCACY

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

COUNCIL FOR A STRONG AMERICA

ADDRESS:

1025 CONNECTICUT AVE. NW SUITE. WASHINGTON, DC 200

NW SUITE

WASHINGTON, DC 20036

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-ADVOCACY

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

RECIPIENT NAME:

VANDERBILT UNIVERSITY

ADDRESS:

2201 WEST END AVE, NASHVILLE, TN 37235

NASHVILLE, TN 37235

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-ADVOCACY

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 150,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

HEALTH FEDERATION OF PHILADELPHIA

ADDRESS:

123 S BROAD STREET

SUITE 650

PHILADELPHIA, PA 19109

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-ADVOCACY

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

RECIPIENT NAME:

THE NISKANEN CENTER INC

ADDRESS:

1201 NEW YORK AVE, SUITE 2008. WASHINGTON DC 20005

SUITE 2008

WASHINGTON, DC 20005

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-ADVOCACY

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 200,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

BIPARTISAN POLICY CENTER

ADDRESS:

1225 I ST

NW #1000

WASHINGTON, DC 20005

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-ADVOCACY

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 200,000.

RECIPIENT NAME:

PRESIDENT AND FELLOWS OF HARVARD COLLEGE

ADDRESS:

1563 MASSACHUSETTS AVENUE

CAMBRIDGE, MA 02138

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-ADVOCACY

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 200,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

NYU LANGONE HOSPITALS

ADDRESS:

550 FIRST AVE.

NEW YORK, NY 10016

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-FUNDING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

RECIPIENT NAME:

ZERO TO THREE

ADDRESS:

2445 M STREET NW

SUITE 600

WASHINGTON, DC 20037

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-FUNDING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 70,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

HEALTH FEDERATION OF PHILADELPHIA

ADDRESS:

123 S BROAD STREET

#650

PHILADELPHIA, PA 19109

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-FUNDING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 150,000.

RECIPIENT NAME:

ZERO TO THREE

ADDRESS:

2445 M STREET NW

SUITE 600

WASHINGTON, DC 20037

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-FUNDING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 100,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

MATERNAL MENTAL HEALTH LEADERSHIP ALLIANCE

ADDRESS:

3068 NORTH QUINCY ST

ARLINGTON, VA 22207

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-FUNDING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 50,000.

RECIPIENT NAME:

INSTITUTE FOR MEDICAID INNOVATION

ADDRESS:

1250 CONNECTICUT AVE NW

SUITE 700

WASHINGTON, DC 20036

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-FUNDING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 20,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:
TSNE MISSIONWORKS

ADDRESS:
89 SOUTH STREET
SUITE 700
BOSTON, MA 02111

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-FUNDER COLLABORATIVES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 7,500.

RECIPIENT NAME:
CONNECTICUT COUNCIL FOR PHILANTHROPY

ADDRESS:
75 CARTER OAK, AVENUE
SUITE 1-205
HARTFORD, CT 06106

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-FUNDER COLLABORATIVES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 7,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

HEALTH FEDERATION OF PHILADELPHIA

ADDRESS:

123 S BROAD STREET

#650

PHILADELPHIA, PA 19109

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-FUNDER COLLABORATIVES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 50,000.

RECIPIENT NAME:

NATIONAL COUNCIL ON TEACHER QUALITY, INC.

ADDRESS:

1032 15TH ST NW

SUITE 242

WASHINGTON, DC 20005

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EARLY LITERACY GRANTS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 200,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:
DE LA SALLE ACADEMY
ADDRESS:
332 W 43RD ST.

NEW YORK, NY 10036
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

INDEPENDENT SCHOOL EDUCATION

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 25,000.

RECIPIENT NAME:
NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS
ADDRESS:
1129 20TH STREET NW
SUITE 800
WASHINGTON, DC 20036-3425

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

INDEPENDENT SCHOOL EDUCATION

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 37,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

CANDID

ADDRESS:

32 OLD SLIP
24TH FL
NEW YORK, NY 10005

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

OTHER

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 4,000.

RECIPIENT NAME:

EXPONENT PHILANTHROPY

ADDRESS:

1720 N ST NW

WASHINGTON, DC 20036

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

OTHER

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 795.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

PHILANTHROPY ROUNDTABLE

ADDRESS:

1120 20TH ST NW
SUITE 550 SOUTH
WASHINGTON, DC 20036

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

OTHER

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME:

PHILANTHROPY NEW YORK

ADDRESS:

320 EAST 43RD ST
NEW YORK, NY 10017

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

OTHER

FOUNDATION STATUS OF RECIPIENT:

GOV

AMOUNT OF GRANT PAID..... 8,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

ADDRESS:

1720 2ND AVE SOUTH

BIRMINGHAM, AL 35294

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

GOV

AMOUNT OF GRANT PAID..... 75,000.

TOTAL GRANTS PAID: 6,281,295.

=====

Name THE ESTHER A. & JOSEPH KLINGENSTEIN FUND, INC Employer identification number 13-6028788

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment

Table with 5 rows for required annual payment calculations. Line 1: Total tax 20,936. Line 2a-c: Adjustments. Line 2d: Total adjustments. Line 3: Tax after adjustments 20,936. Line 4: Tax shown on 2021 return 13,860. Line 5: Required annual payment 13,860.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions.

- 6 [] The corporation is using the adjusted seasonal installment method.
7 [] The corporation is using the annualized income installment method.
8 [X] The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

Table for figuring underpayment with 4 columns (a-d) and 9 rows. Line 9: Installment due dates. Line 10: Required installments. Line 11: Estimated tax paid. Line 12-15: Cumulative calculations. Line 16: Adjustment. Line 17: Underpayment. Line 18: Overpayment.

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions				
20 Number of days from due date of installment on line 9 to the date shown on line 19.				
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022				
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4% (0.04)	\$	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022				
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	\$	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023				
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 6% (0.06)	\$	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023				
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 7% (0.07)	\$	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023				
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	\$	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023				
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	\$	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024				
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	\$	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024				
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x %	\$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	\$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns				38 \$ <u>NONE</u>

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2022

Name of estate or trust: **THE ESTHER A. & JOSEPH KLINGENSTEIN FUND, INC**
Employer identification number: **13-6028788**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.	646,583.	642,883.		3,700.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5 24.
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2021 Capital Loss Carryover Worksheet				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3).				7 3,724.

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than 1 Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.	5,303,608.	5,353,183.		-49,575.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.	170,829.		-170,829.	
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				12
13 Capital gain distributions.				13 180,122.
14 Gain from Form 4797, Part I.				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2021 Capital Loss Carryover Worksheet				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3).				16 130,547.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2022

Part III Summary of Parts I and II		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
17	Net short-term gain or (loss)	17		3,724.
18	Net long-term gain or (loss):			
a	Total for year	18a		130,547.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a.	19		134,271.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation		
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of:	
a	The loss on line 19, column (3) or b \$3,000	20 ()

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2), or line 18c, col. (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero.	22		
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24	Add lines 22 and 23	24		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25		
26	Subtract line 25 from line 24. If zero or less, enter -0-	26		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27		
28	Enter the smaller of the amount on line 21 or \$2,800	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$13,700	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15)	37		
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40		
41	Multiply line 40 by 20% (0.20)	41		
42	Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)	45		

Sales and Other Dispositions of Capital Assets

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment
Sequence No. **12A**

Name(s) shown on return THE ESTHER A. & JOSEPH KLINGENSTEIN FUND, INC	Social security number or taxpayer identification number 13-6028788
--	--

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	UNITED STATES TREASURY BILLS	VARIOUS	9/30/2023	646,583.00	642,883.00			3,700.00
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)			646,583.	642,883.			3,700.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

THE ESTHER A. & JOSEPH KLINGENSTEIN FUND, INC

13-6028788

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	UNITED STATES TREASURY BILLS		9/30/2023	5,303,608.00	5,353,183.00			-49,575.00
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . .			5,303,608.	5,353,183.			-49,575.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

THE ESTHER A. & JOSEPH KLINGENSTEIN FUND, INC

Identifying number

13-6028788

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for general depreciation calculations and a table for listed property with columns (a) Description, (b) Cost, and (c) Elected cost.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for special depreciation allowance and other depreciation calculations.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2022.

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification, (b) Month and year placed in service, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 4 rows for alternative depreciation system calculations.

Part IV Summary (See instructions.)

Table with 3 rows for summary calculations, including total depreciation and MACRS costs.

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):
43 Amortization of costs that began before your 2022 tax year. 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

2022

Description of Property
GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
LEASEHOLD	10/31/2018	2,819.	100.000			2,819.	736.	924.	SL		15.000				188.
LEASEHOLD	01/15/2019	12,247.	100.000			12,247.	3,060.	3,876.	SL		15.000				816.
LEASEHOLD	03/12/2019	33,392.	100.000			33,392.	7,977.	10,203.	SL		15.000				2,226.
LEASEHOLD	04/17/2019	19,114.	100.000			19,114.	4,353.	5,627.	SL		15.000				1,274.
LEASEHOLD	05/07/2019	20,513.	100.000			20,513.	4,674.	6,042.	SL		15.000				1,368.
LEASEHOLD	06/10/2019	7,375.	100.000			7,375.	1,640.	2,132.	SL		15.000				492.
LEASEHOLD	07/01/2019	46,058.	100.000			46,058.	9,981.	13,052.	SL		15.000				3,071.
LEASEHOLD	08/22/2019	136,616.	100.000			136,616.	28,083.	37,191.	SL		15.000				9,108.
LEASEHOLD	10/28/2019	16,054.	100.000			16,054.	3,121.	4,191.	SL		15.000				1,070.
LEASEHOLD	11/01/2019	158,163.	100.000			158,163.	30,754.	41,298.	SL		15.000				10,544.
LEASEHOLD	12/31/2019	5,008.	100.000			5,008.	918.	1,252.	SL		15.000				334.
LEASEHOLD	01/15/2020	73,005.	100.000			73,005.	13,384.	18,251.	SL		15.000				4,867.
LEASEHOLD	02/11/2020	22,631.	100.000			22,631.	4,024.	5,533.	SL		15.000				1,509.
LEASEHOLD	03/02/2020	7,457.	100.000			7,457.	1,284.	1,781.	SL		15.000				497.
LEASEHOLD	04/06/2020	29,583.	100.000			29,583.	4,930.	6,902.	SL		15.000				1,972.
LEASEHOLD	06/09/2020	31,424.	100.000			31,424.	4,888.	6,983.	SL		15.000				2,095.
LEASEHOLD	09/16/2020	536.	100.000			536.	72.	108.	SL		15.000				36.
LEASEHOLD	05/11/2020	4,409.	100.000			4,409.	710.	1,004.	SL		15.000				294.
LEASEHOLD	03/09/2020	16,867.	100.000			16,867.	2,904.	4,028.	SL		15.000				1,124.
Less: Retired Assets															
Subtotals															

Listed Property

Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis		Accumulated amortization	Ending Accumulated amortization	Code	Life		Current-year amortization
TOTALS									

*Assets Retired

