

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 2023 or tax year beginning 10/01/2023 and ending 09/30/2024

Name of foundation: THE ESTHER A. & JOSEPH KLINGENSTEIN FUND, INC. Address: 61 BROADWAY SUITE 1601, NEW YORK, NY 10006. Includes sections G, H, I, J for organization type and accounting method.

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 . . . . .		97,367.	309,707.	309,707.
	2	Savings and temporary cash investments . . . . .		328,280.	220,196.	220,196.
	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).**		19,746.	633,257.	637,226.
	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 . .		122,076,992.	117,836,203.	143,167,088.	
14	Land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule) _____	1,136,714. 621,097.	600,493.	515,617.	515,617.	
15	Other assets (describe _____ STMT 12 )		131,989.	187,550.	187,550.	
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .		123,254,867.	119,702,530.	145,037,384.	
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	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		NONE	NONE		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 . . . . . <input checked="" type="checkbox"/>					
	24	Net assets without donor restrictions . . . . .		123,254,867.	119,702,530.	
	25	Net assets with donor restrictions . . . . .				
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 . . . . . <input type="checkbox"/>					
	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	<b>Total net assets or fund balances</b> (see instructions) . . . . .		123,254,867.	119,702,530.		
30	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .		123,254,867.	119,702,530.		

**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	123,254,867.
2	Enter amount from Part I, line 27a . . . . .	2	-3,546,789.
3	Other increases not included in line 2 (itemize) _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	119,708,078.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 13	5	5,548.
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 29 . . . .	6	119,702,530.

\*\*  
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) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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		
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	702,805.
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	28,881.
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	28,881.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	NONE
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	28,881.
6	Credits/Payments:		
a	2023 estimated tax payments and 2022 overpayment credited to 2023	6a	21,164.
b	Exempt foreign organizations - tax withheld at source	6b	NONE
c	Tax paid with application for extension of time to file (Form 8868)	6c	30,000.
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	51,164.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	741.
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	21,542.
11	Enter the amount of line 10 to be: <b>Credited to 2024 estimated tax</b> 21,542. <b>Refunded</b>	11	

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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>b</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 <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ (2) On foundation managers. \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____		
<b>2</b> 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
<b>3</b> 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
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		X
<b>5</b> 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
<b>6</b> 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	
<b>7</b> 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	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <u>NY,</u>		
<b>b</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	
<b>9</b> 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 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII . . . . .		X
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .		X
<b>11</b> 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
<b>12</b> 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
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	X	
<b>14</b> 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>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>		
<b>16</b> At any time during calendar year 2023, 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
<b>1a</b> 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? . . . . .	<b>1a(1)</b>	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<b>1a(2)</b>	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<b>1a(3)</b>	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<b>1a(4)</b>	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)? . . . . .	<b>1a(5)</b>	X
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) . . . . .	<b>1a(6)</b>	X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .	<b>1b</b>	X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here. . . . . <input type="checkbox"/>		
<b>d</b> 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 2023? . . . . .	<b>1d</b>	X
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? If "Yes," list the years . . . . .	<b>2a</b>	X
_____ , _____ , _____ , _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) . . . . .	<b>2b</b>	X
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. . . . .		
_____ , _____ , _____ , _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<b>3a</b>	X
<b>b</b> If "Yes," did it have excess business holdings in 2023 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 2023.) . . . . .	<b>3b</b>	X
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	<b>4a</b>	X
<b>b</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 2023? . . . . .	<b>4b</b>	X

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

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.		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?		X
<b>b</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		
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> 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).		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
<b>8</b> 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?		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		237,634.	32,903.	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		247,828.	40,507.	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		164,862.

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	
<b>Total.</b> Add lines 1 through 3 . . . . .	

**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	128,521,146.
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	823,372.
<b>c</b>	Fair market value of all other assets (see instructions) . . . . .	<b>1c</b>	1,900,923.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	131,245,441.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	NONE
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	131,245,441.
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	1,968,682.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	129,276,759.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5. . . . .	<b>6</b>	6,463,838.

**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.)

<b>1</b>	Minimum investment return from Part IX, line 6. . . . .	<b>1</b>	6,463,838.
<b>2a</b>	Tax on investment income for 2023 from Part V, line 5. . . . .	<b>2a</b>	28,881.
<b>b</b>	Income tax for 2023. (This does not include the tax from Part V.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	28,881.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	6,434,957.
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	2,300.
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	6,437,257.
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 . . . . .	<b>7</b>	6,437,257.

**Part XI Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 . . . . .	<b>1a</b>	10,832,039.
<b>b</b>	Program-related investments - total from Part VIII-B . . . . .	<b>1b</b>	NONE
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	NONE
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	NONE
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	NONE
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 . . . . .	<b>4</b>	10,832,039.

**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				6,437,257.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only. . . . .			5,525,497.	
b Total for prior years: 20 21 , 20 20 , 20 19				
3 Excess distributions carryover, if any, to 2023:				
a From 2018 . . . . .				
b From 2019 . . . . .				
c From 2020 . . . . .				
d From 2021 . . . . .				
e From 2022 . . . . .				
f Total of lines 3a through e . . . . .				
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 10,832,039.				
a Applied to 2022, but not more than line 2a . . .			5,525,497.	
b Applied to undistributed income of prior years (Election required - see instructions). . . . .				
c Treated as distributions out of corpus (Election required - see instructions) . . . . .	5,300,000.	STMT 21		
d Applied to 2023 distributable amount. . . . .				6,542.
e Remaining amount distributed out of corpus. . .	NONE			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	5,300,000.			
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 2022. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .				
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024. . . . .				6,430,715.
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) . . . . .	5,300,000.			
8 Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a . . . . .				
10 Analysis of line 9:				
a Excess from 2019 . . .				
b Excess from 2020 . . .				
c Excess from 2021 . . .				
d Excess from 2022 . . .				
e Excess from 2023 . . .				

**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 2023, 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	Prior 3 years			(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . . . .					
<b>b</b> 85% (0.85) of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon: . . . . .					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed . . . . .					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> 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.

N/A

**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
<b>a</b> <i>Paid during the year</i>  SEE STATEMENT 22				9,252,334.
<b>Total</b> .....				<b>3a</b> 9,252,334.
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> .....				<b>3b</b>





**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)	
5,913,941.		PUBLICLY TRADED SECURITIES PROPERTY TYPE: SECURITIES 4,940,560.				P	973,381.	09/30/2024
3,051,924.		PUBLICLY TRADED SECURITIES PROPERTY TYPE: SECURITIES 3,041,153.				P	10,771.	09/30/2024
43.		SHORT-TERM CAPITAL GAIN THRU PASS-THRU E PROPERTY TYPE: SECURITIES				P	VAR	09/30/2024
		LONG-TERM CAPITAL LOSS THRU PASS-THRU EN PROPERTY TYPE: SECURITIES 281,390.				P	VAR	09/30/2024
TOTAL GAIN(LOSS) .....							----- 702,805. =====	

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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. &amp; 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.)
2	JOHN & PATRICIA KLINGENSTEIN FUND  61 BROADWAY, STE 1601  NEW YORK, NY 10006	\$ 4,000,000.	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.)

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 <b>THE ESTHER A. &amp; JOSEPH KLINGENSTEIN FUND, INC</b>	Employer identification number <b>13-6028788</b>
--	---

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

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
ORDINARY INCOME (LOSS) PASSTHRU ENTITIES	13,456.	805.
DISTRIBUTION FROM ORACLE CORP	65.	65.
EARLY CHILDHOOD PROGRAM GRANT REFUND	2,235.	2,235.
TOTALS	15,756.	3,105.
	=====	=====

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
HUMAN RESOURCES	4,598.			4,598.
COMPLIANCE & GOVERNANCE	9,737.			9,737.
FOUNDATION RELATED MATTERS	8,942.			8,942.
EDUCATION	9,359.			9,359.
FEDERAL TAX MATTERS	4,576.			4,576.
GRANT AGREEMENTS, DISTRIBUTION	8,580.			8,580.
	-----	-----	-----	-----
TOTALS	45,792.	NONE	NONE	45,792.
	=====	=====	=====	=====

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
BOOKKEEPING FEES	20,525.	10,262.		10,263.
TOTALS	20,525.	10,262.	NONE	10,263.
	=====	=====	=====	=====

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
CONSULTING FEES	45,239.			45,239.
INVESTMENT FEES	164,862.	164,862.		
PROFESSIONAL FEES NEUROSCIENCE	18,000.			18,000.
HONORARIUM FEES	45,000.			45,000.
STAFF SEARCH	475.			475.
TOTALS	----- 273,576. =====	----- 164,862. =====		----- 108,714. =====

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
FOREIGN TAXES	50.	50.
FEDERAL EXCISE TAX	16,900.	
	-----	-----
TOTALS	16,950.	50.
	=====	=====

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	CHARITABLE PURPOSES -----
PAYROLL FEES	6,544.		6,544.
WORKERS COMPENSATION INSURANCE	4,913.		4,913.
IT SERVICES	25,029.		25,029.
PASS-THRU DEDUCTIONS	30,666.	30,666.	
INSURANCE	3,396.		
OFFICE EXPENSES	94,063.		94,063.
NYS FILING FEES	1,500.		1,500.
	-----	-----	-----
TOTALS	166,111.	30,666.	132,049.
	=====	=====	=====

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

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	ENDING FMV ---
641 SHS U.S TREASURY BILLS	19,746.	633,257.	637,226.
	-----	-----	-----
US OBLIGATIONS TOTAL	19,746.	633,257.	637,226.
	=====	=====	=====

FORM 990PF, PART II - OTHER INVESTMENTS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	ENDING FMV ---
INVESTMENT IN PARTNERSHIPS	2,376,334.	1,775,812.	1,775,812.
188,855 SHS SPDR S&P 500	87,401,848.	82,461,288.	108,357,445.
123,551 SHS VANGUARD INDEX FDS	32,298,810.	33,599,103.	33,033,831.
TOTALS	----- 122,076,992. =====	----- 117,836,203. =====	----- 143,167,088. =====

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.	924.	188.		1,112.
LEASEHOLD	SL	12,247.			12,247.	3,876.	816.		4,692.
LEASEHOLD	SL	33,392.			33,392.	10,203.	2,226.		12,429.
LEASEHOLD	SL	19,114.			19,114.	5,627.	1,274.		6,901.
LEASEHOLD	SL	20,513.			20,513.	6,042.	1,368.		7,410.
LEASEHOLD	SL	7,375.			7,375.	2,132.	492.		2,624.
LEASEHOLD	SL	46,058.			46,058.	13,052.	3,071.		16,123.
LEASEHOLD	SL	136,616.			136,616.	37,191.	9,108.		46,299.
LEASEHOLD	SL	16,054.			16,054.	4,191.	1,070.		5,261.
LEASEHOLD	SL	158,163.			158,163.	41,298.	10,544.		51,842.
LEASEHOLD	SL	5,008.			5,008.	1,252.	334.		1,586.
LEASEHOLD	SL	73,005.			73,005.	18,251.	4,867.		23,118.
LEASEHOLD	SL	22,631.			22,631.	5,533.	1,509.		7,042.
LEASEHOLD	SL	7,457.			7,457.	1,781.	497.		2,278.
LEASEHOLD	SL	29,583.			29,583.	6,902.	1,972.		8,874.
LEASEHOLD	SL	31,424.			31,424.	6,983.	2,095.		9,078.
LEASEHOLD	SL	536.			536.	108.	36.		144.
LEASEHOLD	SL	4,409.			4,409.	1,004.	294.		1,298.

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.	4,028.	1,124.		5,152.
FURNITURE & EQUIP	M5	74,993.			74,993.	62,035.	8,639.		70,674.
FURNITURE & EQUIP	M5	2,169.			2,169.	2,169.			2,169.
FURNITURE & EQUIP	M5	775.			775.	641.	89.		730.
FURNITURE & EQUIP	M5	3,639.			3,639.	3,010.	419.		3,429.
FURNITURE & EQUIP	M5	14,174.			14,174.	11,725.	1,633.		13,358.
FURNITURE & EQUIP	M5	81,767.			81,767.	67,637.	9,420.		77,057.
FURNITURE & EQUIP	M5	4,743.			4,743.	3,924.	546.		4,470.
FURNITURE & EQUIP	M5	5,175.			5,175.	4,281.	596.		4,877.
FURNITURE & EQUIP	M5	133,956.			133,956.	110,809.	15,432.		126,241.
FURNITURE & EQUIP	M5	1,500.			1,500.	1,241.	173.		1,414.
LEASEHOLD	SL	47,665.			47,665.	7,944.	3,178.		11,122.
WEBSITE & BRANDING	M3	16,950.			16,950.	10,986.			10,986.
WEBSITE & BRANDING	M3	62,099.			62,099.	62,095.	4.		62,099.
WEBSITE & BRANDING	M3	15,900.			15,900.	15,900.			15,900.
LEASEHOLD	SL	3,346.			3,346.	446.	223.		669.
LEASEHOLD	SL	1,421.			1,421.	87.	95.		182.
LEASEHOLD	SL	11,900.			11,900.	727.	793.		1,520.

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.	182.	728.		910.
LEASEHOLD	SL	345.			345.	4.	23.		27.
TOTALS		1,136,713.			1,136,713.	536,221.			621,097.
		=====			=====	=====			=====

FORM 990PF, PART II - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	ENDING FMV ---
CONFERENCE DEPOSIT	13,681.	69,362.	69,362.
SECURITY DEPOSIT	118,188.	118,188.	118,188.
DUE FROM J&PK FOUNDATION	120.	NONE	NONE
TOTALS	----- 131,989. =====	----- 187,550. =====	----- 187,550. =====

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

DESCRIPTION -----	AMOUNT -----
PRIOR YEAR ADJUSTMENT	5,548.
TOTAL	----- 5,548. =====

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: 5.00

OFFICER NAME:  
NANCY K SIMPKINS

ADDRESS:  
61 BROADWAY SUITE 1601  
NEW YORK, NY 10006

TITLE:  
VICE PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 5.00

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: 5.00

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

OFFICER NAME:  
ALAN KLINGENSTEIN

ADDRESS:  
61 BROADWAY SUITE 1601  
NEW YORK, NY 10006

TITLE:  
TREASURER

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 ..... 237,634.

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ..... 32,903.

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: 237,634.  
=====

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: 32,903.  
=====

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

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

=====

EMPLOYEE NAME:  
KATHLEEN POMERANTZ

ADDRESS:  
61 BROADWAY - SUITE 1601 C/O HOFFMAN  
NEW YORK, NY 10006

COMPENSATION .....	136,578.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS .....	30,110.

EMPLOYEE NAME:  
JAY ANDREWS

ADDRESS:  
61 BROADWAY - SUITE 1601 C/O HOFFMAN  
NEW YORK, NY 10006

COMPENSATION .....	111,250.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS .....	10,397.

TOTAL COMPENSATION: 247,828.  
=====

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: 40,507.  
=====

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 ..... 164,862.

COMPENSATION EXPLANATION:

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

TOTAL COMPENSATION: 164,862.

=====

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

THE FOUNDATION ELECTS TO TREAT \$5,300,000 OF QUALIFYING  
DISTRIBUTIONS AS MADE OUT OF CORPUS IN ACCORDANCE WITH SEC. 4942(H).  
THIS IS AMOUNT EQUAL TO THE DONATIONS FROM THE SIMMONS FOUNDATION IN  
THE AMOUNT OF \$1,300,000, AND JOHN & PATRICIA KLINGENSTEIN FUND IN  
THE AMOUNT OF \$4,000,000

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

=====

RECIPIENT NAME:

YALE UNIVERSITY

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.....

75,000.

RECIPIENT NAME:

REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO

ADDRESS:

9500 GILMAN DRIVE

LA JOLLA, CA 92093-0021

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 PRINCETON UNIVERSITY

ADDRESS:

1 NASSAI HALL

PRINCETON, NJ 08544

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

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

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.

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

=====

RECIPIENT NAME:

TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA

ADDRESS:

3451 WALNUT ST

305

PHILADELPHIA, PA 19104

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FR

ADDRESS:

111 FRANKLIN STREET

FLOOR 12

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:  
CORNELL UNIVERSITY  
ADDRESS:  
616 THURSTON AVE.

ITHACA, NY 14853  
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

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

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:

STOWERS INSTITUTE FOR MEDICAL RESEARCH

ADDRESS:

1000 E 50TH STREET

KANSAS CITY, MO 64110

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

TRUSTEES OF COLUMBIA UNIVERSITY IN THE 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:

PRESIDENT AND FELLOWS OF HARVARD COLLEGE (OSP)

ADDRESS:

1033 MASSACHUSETTS AVE

FLOOR 5

CAMBRIDGE, MA 02138

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:

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.

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.

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

RECIPIENT NAME:

UNIVERSITY OF UTAH GRANTS CONTRACTS

ADDRESS:

JOHN R PARK  
201 PRESIDENTS' CIR SUITE 406  
SALT LAKE CITY, UT 84112

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NUEROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

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

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.

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

RECIPIENT NAME:

CHILDREN'S HOSPITAL CORPORATION GRANT MANAGEMENT

ADDRESS:

300 LONGWOOD AVE

BOSTON, MA 02115

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

UNIVERSITY OF WASHINGTON GRANT AND CONTRACT

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:

TRUSTEES OF COLUMBIA UNIVERSITY IN THE 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:

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:

UNIVERSITY OF FLORIDA

ADDRESS:

UNIVERSITY OF FLORIDA

GAINESVILLE, FL 32611

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

NEW YORK UNIVERSITY-CASH MANAGEMENT

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:

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..... 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:

YALE UNIVERSITY-SPONSORED PROJECT FINANCIAL ADMIN

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.

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

RECIPIENT NAME:

TRUSTEES OF COLUMBIA UNIVERSITY IN THE 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:

THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA

ADDRESS:

UC SANTA BARBARA

SANTA BARBARA, CA 93106

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

FLOOR 12

OAKLAND, CA 94607

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH

ADDRESS:

4330 SHAWNEE MISSION PKWY

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:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FR

ADDRESS:

111 FRANKLIN STREET

FLOOR 12

OAKLAND, CA 94607

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

UNIVERSITY OF MARYLAND, BALTIMORE

ADDRESS:

620 W LEXINGTON ST

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:

MASSACHUSETTS INSTITUTE OF TECHNOLOGY (MIT RSO)

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 MEDICINE AT MOUNT SINAI

ADDRESS:

1 GUSTAVE L. LEVY PLACE

NEW YORK, NY 10029

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  
FLOOR 12  
OAKLAND, CA 94607

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

TRUSTEES OF DARTMOUTH COLLEGE

ADDRESS:

6001 PARKHURST HALL  
SUITE 209  
HANOVER, NH 03755

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, SAN DIEGO

ADDRESS:

9500 GILMAN DR

LA JOLLA, CA 92093-0021

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

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

NEUROSCIENCE

FOUNDATION STATUS OF RECIPIENT:

PC

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

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:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FR

ADDRESS:

111 FRANKLIN STREET

FLOOR 12

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:

YALE UNIVERSITY SPONSORED FINANCIAL ADMINISTRATION

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:

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:

NEW YORK UNIVERSITY (SPONSORED PROGRAMS ADMIN)

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.

RECIPIENT NAME:

CORNELL UNIVERSITY

ADDRESS:

616 THURSTON AVE.

ITHACA, NY 14853

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:

ICLEI LOCAL GOVERNMENTS FOR SUSTAINABILITY USA

ADDRESS:

1536 WYNKOOP ST  
#901  
DENVER, CO 80202

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

ENVIRONMENT

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

NATURE FORWARD INC.

ADDRESS:

8940 JONES MILL RD  
  
CHEVY CHASE, MD 20815

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

ENVIRONMENT

FOUNDATION STATUS OF RECIPIENT:

PC

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

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

=====

RECIPIENT NAME:

THE NATIONAL WORKFORCE REGISTRY ALLIANCE

ADDRESS:

1050 FIRST ST. NE  
FLOOR 6  
WASHINGTON, DC 20002

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

STANFORD UNIVERSITY-OSR

ADDRESS:

450 JANE STANFORD WAY  
  
STANFORD, CA 94305

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

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

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

=====

RECIPIENT NAME:

YALE UNIVERSITY-SPONSORED PROJECT FINANCIAL ADMIN

ADDRESS:

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

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

2020 MOM

ADDRESS:

5101 SANTA MONICA BLVD  
STE 8-326  
LOS ANGELES, CA 90029

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 72,119.

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

=====

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.

RECIPIENT NAME:

LENA FOUNDATION

ADDRESS:

361 CENTENNIAL PKWY

SUITE 100

LOUSVILLE, CO 80027

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

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

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

=====

RECIPIENT NAME:

MASSACHUSETTS INSTITUTE OF TECHNOLOGY (MIT RSO)

ADDRESS:

77 MASSACHUSETTS AVE

CAMBRIDGE, MA 02139

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

PC

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

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

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

RECIPIENT NAME:

MAINEAEYC

ADDRESS:

295 WATER STREET  
SUITE 10  
AUGUSTA, ME 04330

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-POLICY/ADVOCACY

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

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

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

RECIPIENT NAME:

CAPITA

ADDRESS:

520 PIKE STREET
SUITE 1150
SEATTLE, WA 98101

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-POLICY/ADVOCACY

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 68,000.

RECIPIENT NAME:

CITIZEN'S COMMITTEE FOR CHILDREN OF NEW YORK

ADDRESS:

14 WALL ST
#4E
NEW YORK, NY 10005

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-POLICY/ADVOCACY

FOUNDATION STATUS OF RECIPIENT:

PC

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

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

RECIPIENT NAME:  
EDUCATION TRUST, INC.  
ADDRESS:  
PO BOX 709

UNION, WA 98592  
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-POLICY/ADVOCACY

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:  
THE NISKANEN CENTER INC  
ADDRESS:  
1201 NEW YORK AVE  
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:

PRESIDENT AND FELLOWS OF HARVARD COLLEGE (EC)

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.

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..... 100,000.

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

RECIPIENT NAME:

VANDERBILT UNIVERSITY

ADDRESS:

2201 WEST END AVE

NASHVILLE, TN 37235

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-ADVOCACY

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

UNITED WAY OF SOUTHERN MAINE

ADDRESS:

550 FOREST AVE SUITE 100

PORTLAND, ME 04101

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-FUNDING MODELS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 3,000.

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..... 10,400.

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..... 150,000.

RECIPIENT NAME:

REACH OUT AND READ INC.

ADDRESS:

105 W 86TH ST

#330

NEW YORK, NY 10024

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-FUNDING MODELS

FOUNDATION STATUS OF RECIPIENT:

PC

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

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

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..... 100,000.

RECIPIENT NAME:

CHILD CARE AWARE OF AMERICA

ADDRESS:

1515 N COURTHOUSE RD

FLOOR 3

ARLINGTON, VA 22201

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-FUNDING MODELS

FOUNDATION STATUS OF RECIPIENT:

PC

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

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..... 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..... 150,000.

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

=====

RECIPIENT NAME:

NEW YORK UNIVERSITY NYULMC RESEARCH ACCOUNT

ADDRESS:

50 WEST 4TH ST.

NEW YORK, NY 10012

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-FUNDING MODELS

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

HEALTH FEDERATION OF PHILADELPHIA

ADDRESS:

123 S BROAD STREET

SUITE 650

PHILADELPHIA, PA 19109

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EC-FUNDING MODELS

FOUNDATION STATUS OF RECIPIENT:

PC

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

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

=====

RECIPIENT NAME:

EDUCATION TRUST, INC.

ADDRESS:

PO BOX 709 UNION

UNION, WA 98592

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EARLY LITERACY GRANTS

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

THE READING LEAGUE INC

ADDRESS:

103 WYOMING ST  
FLOOR 2  
SYRACUSE, NY 13204

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EARLY LITERACY GRANTS

FOUNDATION STATUS OF RECIPIENT:

PC

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

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

=====

RECIPIENT NAME:

ROCKEFELLER PHILANTHROPY ADVISORS, INC

ADDRESS:

120 BROADWAY STE 3475

NEW YORK, NY 10271-3401

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EARLY LITERACY GRANTS

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

RELAY GRADUATE SCHOOL OF EDUCATION

ADDRESS:

25 BROADWAY

FLOOR 3

NEW YORK, NY 10004

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EARLY LITERACY GRANTS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 125,000.

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

=====

RECIPIENT NAME:

MINNESOTA PUBLIC RADIO

ADDRESS:

480 CEDAR STREET

SAINT PAUL, MN 55101

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EARLY LITERACY GRANTS

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

THE BOARD OF TRUSTEES OF THE LELAND STANFORD

ADDRESS:

450 SERRA MALL

STANFORD, CA 94305

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EARLY LITERACY GRANTS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 175,000.

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

=====

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..... 250,000.

RECIPIENT NAME:

THE ACADEMY IN MANAYUNK D.B.A. AIM ACADEMY

ADDRESS:

1200 RIVER RD

CONSHOHOCKEN, PA 19428

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EARLY LITERACY GRANTS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 250,000.

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

=====

RECIPIENT NAME:

FOUNDATION FOR EXCELLENCE IN EDUCATION, INC.

ADDRESS:

PO BOX 10691

TALAHASSEE, FL 32302

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EARLY LITERACY GRANTS

FOUNDATION STATUS OF RECIPIENT:

PC

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

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:  
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:  
ASSOCIATION OF SMALL FOUNDATIONS DBA EXPONENT  
ADDRESS:  
PO BOX 65607

WASHINGTON, DC 20035-5607  
RELATIONSHIP:

NONE

PURPOSE OF GRANT:

OTHER

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 815.

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:

CANDID

ADDRESS:

32 OLD SLIP  
FLOOR 24  
NEW YORK, NY 10005

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

OTHER

FOUNDATION STATUS OF RECIPIENT:

PC

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

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

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.

RECIPIENT NAME:

617 EDUCATION, INC

ADDRESS:

10 GUEST STREET

BOSTON, MA 02135

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EARLY LITERACY GRANTS

FOUNDATION STATUS OF RECIPIENT:

PC

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

TOTAL GRANTS PAID: 9,252,334.

=====

FORM 990-PF, PART XV-A - ANALYSIS OF OTHER REVENUE

=====

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
-----	----	-----	----	-----	-----
ORDINARY INCOME (LOSS) THRU PASS-THRU ENTITY			01	805.	
EARLY CHILDHOOD PROGRAM GRANT REFUND			01	2,235.	
DISTRIBUTION FROM ORACLE CORP				65.	
		-----		-----	-----
TOTALS		=====		=====	=====

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 main rows and sub-rows (2a, 2b, 2c, 2d) for tax calculations. Total tax is 28,881. Required annual payment is 20,936.

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 with 9 rows and 4 columns (a, b, c, d) for installment due dates and amounts. Shows underpayment of 8,777.

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)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(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.)</i> See instructions . . . . .				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19. . . . .				
<b>21</b> Number of days on line 20 after 4/15/2023 and before 7/1/2023				
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 7% (0.07)	\$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023				
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 7% (0.07)	\$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024	SEE PENALTY COMPUTATION WHITEPAPER DETAIL STATEMENT 1			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 8% (0.08)	\$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2023 and before 4/1/2024				
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{366}$ x 8% (0.08)	\$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2024 and before 7/1/2024				
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{366}$ x %	\$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2024 and before 10/1/2024				
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{366}$ x %	\$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2024 and before 1/1/2025				
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{366}$ x %	\$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2024 and before 3/16/2025				
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %	\$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 . . . . .	\$	\$	\$	\$
<b>38 Penalty.</b> 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 . . . . .				<b>38</b> \$ 741.

\*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](http://www.irs.gov). You can also call 800-829-4933 to get interest rate information.

PENALTY COMPUTATION DETAIL - FORM 2220

=====

DATE PD	UNDERPAYMENT	BEG. DATE	END DATE	DAYS	%	PENALTY
-----	-----	-----	-----	-----	---	-----
QUARTER 2, RATE PERIOD 1 (03/15/2024 - 02/15/2025)						
=====						
08/30/2024	8,777.	03/15/2024	08/30/2024	168	8	323.
TOTAL FOR QUARTER 2, RATE PERIOD 1						----- 323. =====
QUARTER 3, RATE PERIOD 1 (06/15/2024 - 02/15/2025)						
=====						
08/30/2024	1,223.	06/15/2024	08/30/2024	76	8	20.
09/30/2024	5,500.	06/15/2024	09/30/2024	107	8	129.
	497.	06/15/2024	02/15/2025	245	8	27.
TOTAL FOR QUARTER 3, RATE PERIOD 1						----- 176. =====
QUARTER 4, RATE PERIOD 1 (09/15/2024 - 02/15/2025)						
=====						
	7,220.	09/15/2024	02/15/2025	153	8	242.
TOTAL FOR QUARTER 4, RATE PERIOD 1						----- 242. =====
TOTAL UNDERPAYMENT PENALTY						----- 741. =====

**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/Form1041](http://www.irs.gov/Form1041) for instructions and the latest information.

OMB No. 1545-0092

**2023**

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)
<b>1a</b> 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.				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked.	3,051,924.	3,041,153.		10,771.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked.				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked.	43.			43.
<b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2022 Capital Loss Carryover Worksheet				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3).				<b>7</b> 10,814.

**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)
<b>8a</b> 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.				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked.	5,913,941.	4,940,560.		973,381.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked.				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.		281,390.		-281,390.
<b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				<b>12</b>
<b>13</b> Capital gain distributions.				<b>13</b>
<b>14</b> Gain from Form 4797, Part I.				<b>14</b>
<b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2022 Capital Loss Carryover Worksheet				<b>15</b> ( )
<b>16</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3).				<b>16</b> 691,991.

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

Schedule D (Form 1041) 2023

<b>Part III Summary of Parts I and II</b>		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
<b>Caution:</b> Read the instructions <b>before</b> completing this part.				
<b>17</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>17</b>		10,814.
<b>18</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>18a</b>		691,991.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet) . . . . .	<b>18b</b>		
c	28% rate gain . . . . .	<b>18c</b>		
<b>19</b>	<b>Total net gain or (loss).</b> Combine lines 17 and 18a. . . . .	<b>19</b>		702,805.

**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.

<b>Part IV Capital Loss Limitation</b>		
<b>20</b>	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 <b>smaller</b> of:	
a	The loss on line 19, column (3); or <b>b</b> \$3,000 . . . . .	<b>20</b> ( )

**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, column (2), or line 18c, column (2), is more than zero;
- 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, column (2), or line 18c, column (2), is more than zero.

<b>21</b>	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	<b>21</b>		
<b>22</b>	Enter the <b>smaller</b> of line 18a or 19 in column (2) but not less than zero. . . . .	<b>22</b>		
<b>23</b>	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) . . . . .	<b>23</b>		
<b>24</b>	Add lines 22 and 23 . . . . .	<b>24</b>		
<b>25</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . .	<b>25</b>		
<b>26</b>	Subtract line 25 from line 24. If zero or less, enter -0- . . . . .	<b>26</b>		
<b>27</b>	Subtract line 26 from line 21. If zero or less, enter -0- . . . . .	<b>27</b>		
<b>28</b>	Enter the <b>smaller</b> of the amount on line 21 or \$3,000 . . . . .	<b>28</b>		
<b>29</b>	Enter the <b>smaller</b> of the amount on line 27 or line 28 . . . . .	<b>29</b>		
<b>30</b>	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% . . . . .	<b>30</b>		
<b>31</b>	Enter the <b>smaller</b> of line 21 or line 26 . . . . .	<b>31</b>		
<b>32</b>	Subtract line 30 from line 26 . . . . .	<b>32</b>		
<b>33</b>	Enter the <b>smaller</b> of line 21 or \$14,650 . . . . .	<b>33</b>		
<b>34</b>	Add lines 27 and 30 . . . . .	<b>34</b>		
<b>35</b>	Subtract line 34 from line 33. If zero or less, enter -0- . . . . .	<b>35</b>		
<b>36</b>	Enter the <b>smaller</b> of line 32 or line 35 . . . . .	<b>36</b>		
<b>37</b>	Multiply line 36 by 15% (0.15) . . . . .	<b>37</b>		
<b>38</b>	Enter the amount from line 31 . . . . .	<b>38</b>		
<b>39</b>	Add lines 30 and 36 . . . . .	<b>39</b>		
<b>40</b>	Subtract line 39 from line 38. If zero or less, enter -0- . . . . .	<b>40</b>		
<b>41</b>	Multiply line 40 by 20% (0.20) . . . . .	<b>41</b>		
<b>42</b>	Figure the tax on the amount on line 27. Use the 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041 . . . . .	<b>42</b>		
<b>43</b>	Add lines 37, 41, and 42 . . . . .	<b>43</b>		
<b>44</b>	Figure the tax on the amount on line 21. Use the 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041 . . . . .	<b>44</b>		
<b>45</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> 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) . . . . .	<b>45</b>		

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

Attachment  
Sequence No. **12A**

Name(s) shown on return <i>THE ESTHER A. &amp; JOSEPH KLINGENSTEIN FUND, INC</i>	Social security number or taxpayer identification number <i>13-6028788</i>
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*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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	PUBLICLY TRADED SECURITIES		09/30/2024	3,051,924.00	3,041,153.00			10,771.00
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) . . . . .			3,051,924.	3,041,153.			10,771.

**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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	PUBLICLY TRADED SECURITIES		09/30/2024	5,913,941.00	4,940,560.00			973,381.00
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . .			5,913,941.	4,940,560.			973,381.

**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.



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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	LONG-TERM CAPITAL LOSS THRU PASS-THRU ENTITIES	VAR	09/30/2024		281,390.00			-281,390.00
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . .				281,390.			-281,390.

**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 13 rows for Part I. Columns include description, cost, and elected cost. Row 13 total: 13, 47,925.

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 Part II. Row 16 total: 16, 47,925.

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

Section A

Table with 2 rows for Section A. Row 17 total: 17, 36,951.

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 4 rows for Section C. Rows 20a-d.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Row 22 total: 22, 84,876.

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (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: Table with 9 columns for percentage and cost.

27 Property used 50% or less in a qualified business use: Table with 9 columns for percentage and cost.

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.

Table for Section B with 6 columns for vehicles and 12 rows for questions 30-36 regarding miles driven and personal use.

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.

Table for Section C with 2 columns (Yes/No) and 5 rows for questions 37-41 regarding policy statements and requirements.

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

Table for Section C with 6 columns: (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 2023 tax year (see instructions):

Table for line 42 with 6 columns for amortization details.

43 Amortization of costs that began before your 2023 tax year. 43

44 Total. Add amounts in column (f). See the instructions for where to report 44



