ų		•,		/* pv	ת משמאשת	O NOW	-MDE	7D 16 '	,,29	39308 ax Return	63	100	1 1	
·	E	990-T	E	xempt Org	nanizatio	on Bus	ine	ss Inco	me T	ax Return	1	OMB No	1545-0047	
	rorm			ixor, ipt or ;	(and proxy					1917				
			For cal	endar year 2019 or other to	ax year beginning			, and end	ding		_	21	J79	
		tment of the Treasury			www.irs.gov/Form						}	Open to Pu	blic Inspection for ganizations Only	
	A [A Check box if Name of organization (Check box if name changed and see instructions.)									D Emp	loyer identification	cation number	
		address changed		COMPLETE		· ONT					l	uctions)	96825	
		kempt under section 501(c)(3 03)	Print or	CONNELLY						-			ss activity code	
71		408(e) 220(e)	Туре	Number, street, and 100 FRONT							(See instructions)			
202		408A 530(a)		City or town, state or										
-		529(a)		WEST CONS			194	428			525	25990		
٧.	C Boo	ok value of all assets		F Group exemption	number (See inst	ructions.)	<u>▶</u>						7 045 44	
MAY	U F-	315,243,7	09.	G Check organization	n type 🕨 🔼	501(c) corp	oration	n 501	(c) trust	401(a)		<u> </u>	Other trust	
		ter the number of the o de or business here	_				<u> </u>			the only (or first) un complete Parts I-V.				
유		de or dusiness here p scribe the first in the bl					rte I an		-				1	
ANNED		siness, then complete l			evious sentence,	Complete	ii to i dii	iu ii, compicie a	Ocheduic	IVI TOT CACH AGGING	ai ti aut	. 01		
A		ring the tax year, was			n an affiliated gro	up or a parer	nt-subs	idiary controlled	group?	▶ [Y	es X	No	
ည္ထင္		Yes," enter the name a						<u> </u>						
W		e books are in care of				O'			Teleph	one number 🕨 (610	834	4-3222	
	Pa	rt I Unrelated	d Trac	le or Business	Income			(A) Inco	me	(B) Expenses	3		(C) Net	
	1 a	Gross receipts or sale	S									ł		
	_	Less returns and allov			c Balance		10					 		
		Cost of goods sold (S		•			2				_	 		
		•	oct line 2 from line 1c 3 4a 134,822.									1	34,822.	
		Capital gain net incom Net gain (loss) (Form	•		Form 4797)		4a 4b	131,	QZZ.				54,022.	
		Capital loss deduction			1 0/111 47 07)		4c							
		Income (loss) from a			on (attach statem	ent)	5	107,	216.	STMT :	16	1	07,216.	
		Rent income (Schedul			•	,	6							
	7	Unrelated debt-finance	ed incon	ne (Schedule E)			7							
	8	Interest, annuities, roy	alties, ai	nd rents from a contro	lled organization	(Schedule F)	8					ļ		
		Investment income of			i7) organization (Schedule G)	_	<u> </u>				├		
		Exploited exempt activ	•				10					 		
		Advertising income (S Other income (See ins					11		-			 		
		Total. Combine lines		•			12	242	038.			2	42,038.	
	(Pa			ot Taken Elsew	here (See Ins	tructions fo				I		<u> </u>	12,0001	
\sim	`	(Deductions	must b	e directly connecte	d with the unre	lated busin	iess ini	comedial Re	venue S	Service				
a c	ξ 14	Compensation of off	icers, dii	rectors, and trustees (Schedule K)			Received L			14			
Ser.	15	Salaries and wages							336	. 	15	ļ		
Batching Ogden	16	Repairs and mainten	ance					MOA	30 <mark>20</mark>	20	16			
9 5	17	Bad debts						NUV	J 4 20	LO	17	ļ		
	18	Interest (attach sche	dule) (s	ee instructions)						_	18	 		
JAN	19	Taxes and licenses	C 41	-00)				Ogo	len, U	.	19	 		
101	20 21	Depreciation (attach		Schedule A and else	where on return				20 21a	اسد فالمويز	21b	1		
	22	Depletion		delicable A and class	Where on return			٠	- 14		22			
2021	23	Contributions to defe	erred co	mpensation plans							23			
	24	Employee benefit pro		•							24			
	25	Excess exempt exper		chedule I)							25			
	26	Excess readership co									26			
	27	Other deductions (at									27	-		
	28	Total deductions. A					4 I	0.6 1 10			28	1	$\frac{0.}{42,038.}$	
	29	/		ncome before net oper	-						29	 	42,030.	
	30/	(see instructions)	eraung i	loss arısıng ın tax year	2 nedimined ou o	anter Janua	ıy 1, 20		ςψαπ	EMENT 17	30		33,508.	
/	31		ayahle u	ncome. Subtract line 3	RO from line 29			200	UIAI		31		08,530.	
\mathcal{I}	<u> </u>	Jin Grateu Dubiliebb L	WAUDIG II			-4!					1 01		990-T (2010)	

		O CONNELLY FOUNDATION		. <u>-</u> -	23	-6296	825	Page 2
Part		Total Unrelated Business Taxable Income						
32	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see in	nstructions)	1	3/2	20	8,5	<u>30.</u>
33	Amou	nts paid for disallowed fringes		1	32 33			
34	Charit	able contributions (see instructions for limitation rules)			34			0.
35	Total	inrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 3	34 from the sum of	lines 32 and 33	35	20	8,5	<u>30.</u>
36		tion for net operating loss arising in tax years beginning before January 1, 2018 (see instruction		•	36			
37	Total o	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		_	1 37	20	8,5	30.
38	Specif	ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)		9	38		1,0	00.
39	Unrela	ited business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	,					
<u> 11 </u>	enter t	he smaller of zero or line 37		- 11	39	20	7,5	<u>30.</u>
Part	: IX	Tax Computation						
40	Organ	izations Taxable as Corporations. Multiply line 39 by 21% (0.21)		•	40	4	3,58	81.
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on	line 39 from:					
		Tax rate schedule or Schedule D (Form 1041)		•	41			
42	Proxy	tax. See instructions		>	42			
43	Alterna	ative minimum tax (trusts only)			43			
44	Tax or	Noncompliant Facility Income. See instructions			44			
W 44 45	Ţotal.	Add lines 42, 43, and 44 to line 40 or 41, whichever applies		7	45	4	3,5	81.
Part	×	Tax and Payments			Į			
46 a	Foreig	n tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a					
b	Other	credits (see instructions)	46b] [i		
C	Genera	al business credit. Attach Form 3800	46c] [
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)	46d					
е	Total (credits. Add lines 46a through 46d			46e			
47	Subtra	ct line 46e from line 45			47	4	3,5	<u>81.</u>
48	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 Other	(attach schedule)				
49	Total 1	ax. Add lines 47 and 48 (see instructions)		4	49	4	3,5	
50	2019 r	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			50			<u>0.</u>
51 a	Payme	ents: A 2018 overpayment credited to 2019		40,003				
b	2019	estimated tax payments 4.5	<u>5</u> 1b 1	50,001	<u>.</u>] [
C	Tax de	posited with Form 8868	51c		- 1			
đ	Foreig	n organizations: Tax paid or withheld at source (see instructions)	51d		↓			
е	Backu	p withholding (see instructions)	51e		-			
f	Credit	for small employer health insurance premiums (attach Form 8941)	51f		-			
g		credits, adjustments, and payments: Form 2439						
		form 4136 Other Total ▶	51g					
52		payments. Add lines 51a through 51g			52	49	0,0	<u>04.</u>
53		ited tax penalty (see instructions). Check if Form 2220 is attached			53	<u> </u>		
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		10	54		- 1	
11 _55	•	ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	400	100	55	44	6,4	
11 56		the amount of line 55 you want. Credited to 2020 estimated tax		funded 💥 🕨	56	L		<u>0.</u>
		Statements Regarding Certain Activities and Other Information		ctions)			1	
57		time during the 2019 calendar year, did the organization have an interest in or a signature or					Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may						
		V Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for	eign country					<u></u>
50	here							$\frac{\lambda}{X}$
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	sieror to, a iorei	gn trustz				<u> </u>
59		," see instructions for other forms the organization may have to file. he amount of tax-exempt interest received or accrued during the tax year \$\ \\$						1 1
		Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	tements, and to the	best of my know	edge and	belief, it is true	 3.	
Sign		orrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knowledge	9		,		
Here	- Iı	Saura & Mar & 11/13/2020 CFO			-	S discuss this		/ith
	[]	Signature of officer Date Title				er shown belo s)? XY		¬ No
		Print/Type preparer's name Preparer's signature Dat	te T	Check	ıf PT			
D =!-		KERRI N. BOGDA,	"	self- employed		•		
Paid		WEDDT AT DOODS ODS DDS	/09/20	Son Simpleyor		00760	402	
-	oarer	DAVED MILLY HO ILD	, , 20	Firm's EIN		9-085		
USE	Only	1570 FRUITVILLE PIKE, SUITE 400	<u> </u>					
		Firm's address ► LANCASTER, PA 17601	-	Phone no.	717.	740.4	863	
923711	01-27-20			,		Form 9		(2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation > N/A		_			
1 Inventory at beginning of year	1			Inventory at end of yea	ŗ		6		
2 Purchases	2] 7	Cost of goods sold. St	Subtract line 6				
3 Cost of labor	3			from line 5. Enter here	Part I,				
4a Additional section 263A costs				line 2					
(attach schedule)	4a		_ 8	Do the rules of section	with respect to		Yes	No	
b Other costs (attach schedule)	4b		」	property produced or a	cquired	for resale) apply to		-	
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty)		
Description of property									
(1)									
(2)									
(3)									
(4)						_			
		ed or accrued				3(a) Deductions directly	connec	ted with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for	personal	onal property (if the percenta; property exceeds 50% or if ed on profit or income)	ge	columns 2(a) an	id 2(b) (a	attach schedule)	
(1)									
(2)									
(3)									
(4)		ļ							
Total	0.	Total		<u> </u>	0.	(h) T-4-1 d- du-4i		_	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	_	0.
Schedule E - Unrelated Det	ot-Financed	income (see	ınstru	ctions)	1				
	`		2	. Gross income from or allocable to debt-	(5)	3. Deductions directly control to debt-finance		erty	
1. Description of debt-fit	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			—						
(2)	_		1						
(3)									
(4)						···			
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to inced property h schedule)	•	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%			\perp		
	-			-		inter here and on page 1, Part I, line 7, column (A)		Enter here and on page ⁻ Part I, line 7, column (B)	
Totals				•		0	.		0.
Total dividends-received deductions	ncluded in columi	n 8		_			$\cdot \top$		0.

Form **990-T** (2019)

				Exempt	Controlled O	rganızatı	ons					
1. Name of controlled organiz	ation	2. Employer identification number		Net unrelated income (loss) (see instructions)		4. To	 Total of specified payments made 		5. Part of column 4 that is included in the controlling organization's gross income		connected with income	
								<u> </u>				
(2)							-					
(3)									•			
(4)												
Nonexempt Controlled Organ	nizations	•				•	·					
7. Taxable Income	8. Ne	t unrelated incon (see instruction		9. Total	of specified payr made	ments	10. Part of column the controllingross	mn 9 tha ing orgai s income	nızatıon's		eductions directly connected h income in column 10	
(1)				<u> </u>								
(2)										1		
(3)												
(4)		•										
	_				1		Add colun Enter here and line 8, 6		e 1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)	
Totals									0.		0.	
Schedule G - Investme		me of a	Section	501(c)(7	"), (9), or (17) Org	ganization					
— · · · · · · · · · · · · · · · · · · ·	tructions)				<u> </u>		3. Deductio		4. Set-	andan	5. Total deductions	
1. Des	scription of in	come			2. Amount of	ıncome	directly conne (attach sched			schedule)	and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)												
(4)									· · · · · · · · · · · · · · · · · · ·			
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Totals				Þ.		0.					0.	
Schedule I - Exploited	_	t Activity	Incom	e, Other	Than Adv		g Income					
(see insti	ructions)	•			4	#>	<u> </u>		T		-	
1. Description of exploited activity	unrelat	Gross ed business ome from or business	directly with pr of un	epenses connected roduction irelated ss income	4. Net inconfrom unrelated business (cominus colum gain, compute through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	that ted	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)	1											
(3)												
(4)	1			•	1							
	page	nere and on a 1, Part I, 0, col (A)	page	ere and on 1, Part I, 1, col (B)	-						Enter here and on page 1, Part II, line 25	
Totals	•	0.		0.							0.	
Schedule J - Advertis	ing Inco	me (see	nstructio		•						•	
Part I Income From	Period	cals Rep	orted o	n a Con	solidated	Basis					·	
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col 3) if a g	tising gain ol 2 minus ain, comput hrough 7			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					1		1					
(2)					7				†		1	
(3)	-				7				 		1	
(4)			 		7				1		1	
											_	
Totals (carry to Part II, line (5))	▶		0.	0	•				<u> </u>		0.	

Part II	Income From Periodicals Reported on a Separate Basis	(For each periodical listed in Part II, fill in
	columns 2 through 7 on a line-by-line basis)	

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	- O.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

	1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)	-		%	
(2)			%	
(3)			%	
(4)	/		%	
Total. Enter here and on	page 1, Part II, line 14		>	

Form **990-T** (2019)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

CONNELLY FOUNDATIO	N			23-	6296825
Did the corporation dispose of any investme	nt(s) in a qualified opportur	ity fund during the tax year	?		Yes X No
If "Yes," attach Form 8949 and see its instru	ictions for additional require	ements for reporting your ga	ain or loss.		
Part I Short-Term Capital Ga	ins and Losses (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 gair or loss from Form(s) 894 Part I, line 2, column (g)	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	,				
1b Totals for all transactions reported on		15,785.			-15,785.
Form(s) 8949 with Box A checked		13,703.	 .		15,705.
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked	<u> </u>				
4 Short-term capital gain from installment sales		7		4	
5 Short-term capital gain or (loss) from like-kir				5	
6 Unused capital loss carryover (attach comput	•			6	(1)
7 Net short-term capital gain or (loss). Combir				7	-15,785.
Part II Long-Term Capital Ga	ins and Losses (See	nstructions.)			 -
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	9,	(h) Gain or (loss) Subtract column (e) from column (d) and
round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g	,	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked	<u> </u>				
11 Enter gain from Form 4797, line 7 or 9				11	150,607.
12 Long-term capital gain from installment sale	s from Form 6252, line 26 or 3	7	=	12	
13 Long-term capital gain or (loss) from like-kir	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combin	e lines 8a through 14 in colum	n h		15	150,607.
Part III Summary of Parts I an					
16 Enter excess of net short-term capital gain (li	ne 7) over net long-term capita	Il loss (line 15)		16	
17 Net capital gain. Enter excess of net long-terr	•	,)	17	134,822.
18 Add lines 16 and 17. Enter here and on Form		· · · · · ·	•	18	134,822.
Note: If losses exceed gains, see Capital Lo.			•		
<u> </u>					

LHA

Internal Revenue Service

CONNELLY FOUNDATION

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Social security number or Name(s) shown on return

taxpayer identification no.

23-6296825

sta br	efore you check Box A, B, or C belo atement will have the same informa oker and may even tell you which t	ition as Form 109 oox to check.	99-B. Either will s	show whether your	basis (usually youi	cost) was	reported to the IF	bstitute S by your
F	Part I Short-Term. Transactions, see page 2.	ons involving capit	al assets you held	1 year or less are ger	nerally short-term (see	instruction	s) For long-term	
	Note: You may aggregate all codes are required. Enter the							
	u must check Box A, B, or C below. On have more short-term transactions than will							each applicable box
	X (A) Short-term transactions rep							
Ē	(B) Short-term transactions rep	orted on Form(s) 1099-B showin	g basis wasn't re	ported to the IRS			
Ī	(C) Short-term transactions no	t reported to you	on Form 1099-	3				
1	(a)	(b)	(c)	(d)	(e)	Adjustmer	nt, if any, to gain or	(h)
	Description of property	Date acquired	Date sold or	Proceeds	Cost or other		où enter an amount (g), enter a code in	Gain or (loss).
	(Example 100 sh. XYZ Co.)	(Mo , day, yr)	disposed of	(sales price)	basis. See the	column (f)	. See instructions.	Subtract column (e) from column (d) &
			(Mo., day, yr.)		see Column (e) In	(f)	(g) Amount of	combine the result
					the instructions	Code(s)	adjustment	with column (g)
G.	AIN (LOSS) FROM							
P	ASSTHROUGH				15,785.			<15,785.>
_								
	·							
						-		
2	Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract					1
	negative amounts). Enter each to	tal here and incli	ude on your					İ
	Schedule D, line 1b (If Box A abo	ove is checked),	line 2 (if Box B					
	above is checked), or line 3 (if B	ox C above is ch	necked)		15,785.			<15,785.>

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.