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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545 0052 2014

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection For calendar year 2014, or tax year beginning 4/01 , 2014, and ending 3/31 2015 Employer identification number KENNEDY WILSON CHARITABLE FOUNDATION 95-4682181 (F/K/A THE DONALD F KENNEDY FOUNDATION) В Telephone number (see instructions) (310) 887-6400 151 S. EL CAMINO DRIVE BEVERLY HILLS, CA 90212 С If exemption application is pending, check here G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return X Address change 2 Foreign organizations meeting the 85% test, check X Name change here and attach computation ck type of organization X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Check type of organization If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year Accounting method X Cash (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ► Ś 10,034. (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part | Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not neces sarily equal the amounts in column (a) purposes (cash basis only) (seé instructions)) Contributions, gifts, grants, etc, received (attach schedule) X if the foundn is not required to attach Sch B Ck ► 28 Interest on savings and temporary cash investments Dividends and interest from securities 5 a Gross rents **b** Net rental income or (loss). SCANNED MAR 0 4 6 a Net gain or (loss) from sale of assets not on line 10 v 5 🕸 **b** Gross sales price for all assets on line 6a ** 4 Capital gain net income (from Part IV line 2) Net short term capital gain 14 4 24 Income modifications 10 a Gross sales less returns and rá j 60.1 200 allowances **b** Less Cost of goods sold ÷ **.** . . a i 82 0 8 C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) Total Add lines 1 through 11 0 0 Ŏ Compensation of officers, directors, trustees, etc. Other employee salaries and wages Pension plans, employee benefits ADMINISTRAT 5 18 19 Penreciation_Cattach Ė 21 Travel, conferences, and meet 22 Printing and publications EXPENSES 23 Other expenses (attach schedule) SEE STATEMENT 1 610 Total operating and administrative expenses Add lines 13 through 23 610 25 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 610 0 0 0. Subtract line 26 from line 12 a Excess of revenue over expenses -610 **b** Net investment income (if negative, enter -0) 0. C Adjusted net income (if negative, enter 0) 0.

D	-	Dalamas Chaste	Attached schedules and amounts in the description	Beginning of year	End o	f year
rart	11.	Balance Sheets	column should be for end of year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interes	t-bearing	10,644.	10,034.	10,034.
	2	Savings and tempor	rary cash investments			
	3	Accounts receivable	• • • • • • • • • • • • • • • • • • •		· • · · · · · · · · · · · · · · · · · ·	· .
l		Less allowance for	doubtful accounts •			
	4	Pledges receivable	•		y a state of the second of the	
		Less allowance for	doubtful accounts			
	5	Grants receivable				
ASSET	6	Receivables due from offi disqualified persons (atta	icers, directors, trustees, and other ich schedule) (see instructions)			
	7	Other notes and loans red	ceivable (attach sch). 🕨	41,	Contract of comments	
		Less allowance for	doubtful accounts •			
š	8	Inventories for sale	or use			
투	9	Prepaid expenses a	and deferred charges			
Ś	10 a	Investments – U.S obligations (attach	and state government schedule)			
	b	Investments — corporate	stock (attach schedule)			
	С	: Investments — corporate	bonds (attach schedule)			
	11	Investments - land equipment basis	, buildings, and	The second secon		4
		Less accumulated depre (attach schedule)	ciation			
	12	Investments - mor	tgage loans			
	13	Investments - other	er (attach schedule)			
	14	Land, buildings, and	d equipment basis►			
		Less accumulated depre (attach schedule)	ciation			
		Other assets (description of the control of the con	tibe ► completed by all filers —			
		see the instructions	Also, see page 1, item I)	10,644.	10,034.	10,034.
Ļ	17		and accrued expenses			
Å	18	Grants payable				
В	19	Deferred revenue				
Ļ	20		ctors, trustees, & other disqualified persons			
H T	21	• •	es payable (attach schedule)			
į	22	Other liabilities (de	scribe)		
E S	23	Total liabilities (ad	d lines 17 through 22)	0.	0.	
	_	Foundations that for and complete lines	ollow SFAS 117, check here 24 through 26 and lines 30 and 31.			
N F	24	Unrestricted				
Eυ	25	Temporarily restrict	ted			
T N D	26	Permanently restric				
A B S A L T A		Foundations that d	lo not follow SFAS 117, check here > [> 27 through 31.	ζ.		
ĔĹ	27	Capital stock, trust	principal, or current funds			
SN	28	, ,	s, or land, bldg , and equipment fund			
ΟĒ	29	• .	nulated income, endowment, or other funds	10,644.	10,034.	
RS	30		fund balances (see instructions)	10,644.	10,034.	
	31	(see instructions)	i net assets/fund balances	10,644.	10,034.	
Par	t III		nges in Net Assets or Fund Baland			
1	Tota	I net assets or fund	balances at beginning of year – Part II, colled on prior year's return)		agree with	10,644.
2		er amount from Part			2	-610.
3		increases not included in	·		3	010.
4		lines 1, 2, and 3				10,034.
5		ases not included in line 2	? (Itemize)		5	10,034.
6			balances at end of year (line 4 minus line !	5) – Part II, column (b),	_ _ 	10,034.

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Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names

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Form 990-PF (2014)

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Form 990-PF (2014)

jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?

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Part VII-B Statements Regarding Activiti		4720 May Be Req	uired (continued,)					
5 a During the year did the foundation pay or incu	-	40454332							
(1) Carry on propaganda, or otherwise attemp	ū	,	∐ Yes	X No					
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra(3) Provide a grant to an individual for travel,				X No X No					
•	-	•	∐ ies [<u>v</u>] 140					
(4) Provide a grant to an organization other the in section 4945(d)(4)(A) ³ (see instructions			Yes	X No					
(5) Provide for any purpose other than religion educational purposes, or for the prevention	n of cruelty to children	or animals?		X No					
b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?									
Organizations relying on a current notice regarding disaster assistance check here									
Organizations relying on a current notice regarding disaster assistance check here c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If 'Yes,' attach the statement required by Regulations section 53 4945-5(d)									
6 a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	rectly, to pay premium	Yes	XNo					
b Did the foundation, during the year, pay premi	iums, directly or indirec	tly, on a personal bene	fit contract?	_	6 b X				
If 'Yes' to 6b, file Form 8870	4.4			[]					
7a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any procee				X No	7 b				
Part VIII Information About Officers, D				N/A I Emple					
and Contractors	nectors, musices,	i oundution manag	jers, riigiliy r ale	Linki	oyees,				
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).						
(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 benefi plans and deferre compensation	ıt ``o	Expense account, other allowances				
SEE STATEMENT 2			oomponodion.	+					
		0.	(2.	0.				
				1					
									
~									
~				1					
~									
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 – see instructio	ns). If none, enter 'NO	NE.					
(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 benefi plans and deferre compensation	ıt I d	Expense account, other allowances				
NONE									
~									
			<u> </u>						
~	İ								
			<u> </u>						
				İ					
	1			1					
Total number of other employees paid over \$50,00	0	<u>. </u>	<u> </u>	•					
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Form 990-PF (2014) KENNEDY WILSON CHARITABLE FOUNDATION

95-4682181 _ Page **6**

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Form 990-PF (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7			***	1,018.
2 Undistributed income, if any, as of the end of 2014 a Enter amount for 2013 only	,		0.	
b Total for prior years 20 , 20 , 20	,	0.	<u> </u>	
3 Excess distributions carryover, if any, to 2014		, , , , , , , , , , , , , , , , , , , ,	, ,	
a From 2009 82,364.	4	ر ^ي اڳا	· 5	, , , ,
b From 2010		, .		, ************************************
c From 2011		<i>*</i>		<i>i</i> .
d From 2012			:	
e From 2013		*6 * * * * * * * * * * * * * * * * * *	• •	ı
f Total of lines 3a through e	82,364.	.*		*
4 Qualifying distributions for 2014 from Part XII, line 4. ► \$	*		&	٠, ٠,
a Applied to 2013, but not more than line 2a	*		0.	
 Applied to undistributed income of prior years (Election required — see instructions) 	*5 '54 2 / A *	0.	\$.	*; *» ;
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2014 distributable amount	()		. 13. 4 . 25.	0.
e Remaining amount distributed out of corpus	0.	*		14
5 Excess distributions carryover applied to 2014	1,018.	S. 4	**	1,018.
(If an amount appears in column (d), the same amount must be shown in column (a))	1 24-21-22	特に、1012/26/26で	'~ / · · · · · · · · · · · · · · · · · ·	
same amount must be snown in column (a)	1 4 4 4 4 4			
6 Enter the net total of each column as				
indicated below:	***********			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	81,346.	***		
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	上 第 一	0.		
d Subtract line 6c from line 6b Taxable amount — see instructions.		0.		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount — see instructions.			0.	1. 3. 1. 3. 3
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015.				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	81,346.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0.			A. A. S.
10 Analysis of line 9	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			* /
a Excess from 2010				
b Excess from 2011				, , , , ,
c Excess from 2012] , , , , , , , , , , , , , , , , , , ,	,		, , ,
d Excess from 2013				, , , ,
e Excess from 2014		<u> </u>	<u> </u>	Form 990 PF (2014)

Form 990-PF (2014) KENNEDY WILSON C				95-468218	
Part XIV Private Operating Founda	tions (see instri	uctions and Par	rt VII-A, question	9)	N/A
1a If the foundation has received a ruling or det is effective for 2014, enter the date of the	ermination letter that : ruling	it is a private opera	ting foundation, and th	ne ruling	
b Check box to indicate whether the founda		erating foundation	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
each year listed				-	
 b 85% of line 2a c Qualifying distributions from Part XII, 					
line 4 for each year listed d Amounts included in line 2c not used directly					
for active conduct of exempt activities e Qualifying distributions made directly		<u></u>			
for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test - enter					
(1) Value of all assets		 -			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter	1				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information assets at any time during to Information Regarding Foundation Management	he year — see ir	s part only if the istructions.)	e foundation had	1 \$5,000 or more	e in
a List any managers of the foundation who has close of any tax year (but only if they have NONE	ve contributed more t	than 2% of the total than \$5,000) (Se	contributions received e section 507(d)(2))	by the foundation be	fore the
b List any managers of the foundation who ow a partnership or other entity) of which the NONE	n 10% or more of the e foundation has a	e stock of a corporat 10% or greater inte	ion (or an equally largerest.	e portion of the owne	rship of
2 Information Regarding Contribution, Grand Check here X if the foundation only make requests for funds If the foundation make complete items 2a, b, c, and d.	nakes contributions to es gifts, grants, etc	preselected charita (see instructions)	ble organizations and to individuals or orga	anizations under oth	olicited ler conditions,
a The name, address, and telephone number	or e-mail address of	the person to whom	applications should be	e addressed	
b The form in which applications should be	submitted and info	ormation and mater	rials they should incl	ude	
c Any submission deadlines			 		
d Any restrictions or limitations on awards	, such as by geogra	phical areas, chari	table fields, kinds of	institutions, or othe	r factors
DAA	***	EE A03101 060304			Form 990-PF (2014)
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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment N/A If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year **>** 3 a Total b Approved for future payment **►** 3b Total

Part.XVI-A. Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		Unrelate	ed business income	Excluded	d by section 512, 513, or 514	(e)	
1	Progra	am service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions.)
a	•		· · · · · ·		Couc		
b							
c							
d							
е							
f					ļ		
_		and contracts from government agencies					
2		pership dues and assessments			 		
3		t on savings and temporary cash investments ends and interest from securities	<u> </u>		 		
4 5		ental income or (loss) from real estate	39.1-MC-2	+ 14 24 24 24 24 24 24 24 24 24 24 24 24 24	7 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Barren March
-		financed property	3994743	Num (1/2/2014)	12-261-273	- Stitting Conft Count Carefat.	A P. C. AROLFO WAS A STANDARD OF THE
		ebt-financed property					
6		ntal income or (loss) from personal property					
7		investment income					
8	Gain or	(loss) from sales of assets other than inventory					
9	Net in	ncome or (loss) from special events					
10	Gross	s profit or (loss) from sales of inventory					
11	Other	revenue	*** , * ,		70 (70 %)	11 11 12 12 13 14 14 1	
а							
t	·						
C	·	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·
C							
12		otal Add columns (b), (d), and (e)	20 Sept. 13 Sept. 10		********		
		. Add line 12, columns (b), (d), and (e)		<u> </u>	1 48 4X14	13	0.
		heet in line 13 instructions to verify calculate	ions)			13	<u> </u>
			**		. 5		·
Rai	T®XVI	Relationship of Activities to the	e Accomp	iisnment of Exemp	t Purp	oses	
	e No.	Explain below how each activity for which is accomplishment of the foundation's exemp	income is rep	orted in column (e) of F	Part XVI	A contributed important	ly to the
	▼	accomplishment of the foundation's exemp	t purposes (c	other than by providing f	funds for	such purposes) (See i	nstructions)
N	I/A						
				 			
							
							
							······································
				 			·
							
							
							
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Yes No

Form 990-PF (2014) KENNEDY WILSON CHARITABLE FOUNDATION 95-4682181 Părt XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?												703	**		
	•	from the repor			a noncharita	able e	xempt ora	anızatıd	on of				`		
) Cash	•	- 3				. , 3						1 a (1)	See 300	X
(2) Othe	r assets											1 a (2)		X
b O	ther tra	nsactions												Ĵà	***
(1) Sales	of assets to a	noncl	haritable exe	mpt organiz	ation							1 b (1)	Mill Million Abert A	X
(2) Purcl	nases of assets	from	a noncharita	ble exempt	organ	ızatıon						1 b (2)		X
(3) Renta	al of facilities, e	quipn	ment, or othe	r assets								1 b (3)		X
(4) Reim	bursement arra	ngem	nents									1 b (4)		X
(5) Loan	s or loan guara	ntees.	i.									1 b (5)		X
(6) Perfo	rmance of serv	ices c	or membersh	ıp or fundraı	sing s	solicitations	5					1 b (6)		X
c S	haring o	of facilities, equ	ıpmer	nt, mailing lis	sts, other as:	sets, (or paid em	ployees	S				1 c		X
aı	ny trans	swer to any of the control of the co	ng arr	rangement, s	complete the the reporting how in colum of noncharitable	nn (d)	the value	of the	goods,	(b) should alw erved less than other assets,	or services	receive	<u>d</u>		
(a) Line	110	(b) Amount involve	eu	(C) Name (or noncharitable	exemp	t organization	<u> </u>	(a) t	bescription or train	sters, transac	tions, and	Silaring arran	igenieni	<u> </u>
1/A	_							_							
	_		-												
			+												
	- -														
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					-										
	-		+		_			i							
			- +												
			-	-	-										
		-	_					1							
			\dashv												
														-	
												-			
d	escribe	ndation directly of in section 501	(c) of	f the Code (o	d with, or rela ther than se	ated to	o, one or mo 501(c)(3))	ore tax-e or in se	exempt ection 5	organizations 527?			Yes	X	No
b If		complete the fo		<u> </u>	1										
	(a)	Name of organ	iizatio	on	(b)	Туре	of organiza	ation		(c) Description	on of rela	ationship		
N/A									-						
					-				-						
					 				+						
	Linder n	enalties of perjury, I	declare	that I have evam	uned this return	ıncludu	ng accompany	ına sched	lules and	statements and to	the hest of m	v knowleda	e and helief i	tis true	
Sign Here	correct,	and complete Decla	ration o	of preparer (other	than taxpayer)	s based	l on all informa	ation of w	hich prep	ECRETARY	edge		May the I this return preparer (see instr	RS disci n with th shown b ructions)	uss e elow
	Signal	ture of officer or trust			15		Date		Title			11		Yes	No
		Print/Type preparer	r's name	ie	Prepa	erer's si	77 //	a. .		Date	Check	ıf	PTIN		
Paid		TIMOTHY T				m	Things			2-4-16	self emp		P01246	499	
repa	rer	Firm's name		OLOMON W					PAS :	INC	Firm's EIN	95-4	<u>557555</u>		
Jse C	Only	Firm's address		1777 SAN				7				_			
		<u> </u>	LC	OS ANGELI	ES, CA 9	0049)				Phone no	310-	826-43		
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FEDERAL STATEMENTS

PAGE 1

KENNEDY WILSON CHARITABLE FOUNDATION (F/K/A THE DONALD F KENNEDY FOUNDATION)

95-4682181

STATEMENT 1 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	EXPEN PER B		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES FILING FEES	\$ TOTAL \$	600. 10. 610. \$ 0.	\$ 0.	<u>\$ 0.</u>

STATEMENT 2 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED		BUTION TO	EXPENSE ACCOUNT/ OTHER
WILLIAM J. MCMORROW 151 S. EL CAMINO DR BEVERLY HILLS, CA 90212	PRESIDENT 0		\$ 0.	\$ 0.
MARY RICKS 151 S. EL CAMINO DR BEVERLY HILLS, CA 90212	VICE PRESIDENT 0	0.	0.	0.
KENT MOUTON 151 S. EL CAMINO DR BEVERLY HILLS, CA 90212	VICE PRESIDENT 0	0.	0.	0.
JUSTIN ENBODY 151 S. EL CAMINO DR BEVERLY HILLS, CA 90212	CFO 0	0.	0.	0.
MATT WINDISCH 151 S. EL CAMINO DR BEVERLY HILLS, CA 90212	VICE PRESIDENT 0	0.	0.	0.
IN KU LEE 151 S. EL CAMINO DR BEVERLY HILLS, CA 90212	SECRETARY 0	0.	0.	0.
PETER COLLINS 151 S. EL CAMINO DR BEVERLY HILLS, CA 90212	VICE PRESIDENT 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.