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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning

05/01, 2014, and ending

04/30, 2015

B Check if applicable

☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated return
☐ Amended return
☐ Application pending

C Name of organization

JOHN G. KENEDY, JR. CHARITABLE TRUST

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 2950

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

SAN ANTONIO, TX 78299

F Name and address of principal officer

JOHN W. ROBB, FNB CO-TRUSTEE

P.O. BOX 2950 SAN ANTONIO, TX 78299

D Employer identification number

74-6334106

E Telephone number

(210) 220-4436

G Gross receipts \$ 34,023,048.

H(a) Is this a group return for subsidiaries? ☐ Yes ☒ NoH(b) Are all subsidiaries included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no) 4947(a)(1) or 527

J Website: N/A

K Form of organization

Corporation ☒Trust ☐Association ☐Other ☐

L Year of formation 1986

M State of legal domicile TX

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	THIS TRUST WAS CREATED TO SUPPORT THE SIX MENTIONED IN THE WILL OF ELENA S. KENEDY. SEE ATTACHMENT 1 FOR FURTHER DETAIL.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	2.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1.
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,276,892.	7,304,175.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,910,307.	7,905,544.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,187,199.	15,209,719.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,049,478.	9,031,045.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,080,753.	1,207,760.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,177,260.	1,375,806.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	9,307,491.	11,614,611.
	19	Revenue less expenses - Subtract line 18 from line 12	7,879,708.	3,595,108.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	136,522,881.
21		Total liabilities (Part X, line 26)	0	0
22		Net assets or fund balances - Subtract line 21 from line 20	136,522,881.	140,117,989.

Part II Signature Block

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

Sign Here

Signature of officer

JOHN W. ROBB

Type or print name and title

EVP

Date

08-24-2015

Paid Preparer Use Only

Print/Type preparer's name

STEWART GOODSON

Preparer's signature

Stewart Goodson, CPA

Date

08/04/15

Check ☐ if self-employed

PTIN

P00084462

Firm's name ERNST & YOUNG U.S. LLP

Firm's EIN 34-6565596

Firm's address P.O. BOX 2938 SAN ANTONIO, TX 78299-2938

Phone no 210-228-9696

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

JSA

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code _____) (Expenses \$ 1,096,556 including grants of \$ 1,003,491) (Revenue \$ _____)
OUR LADY OF THE LAKE UNIVERSITY**4b** (Code _____) (Expenses \$ 4,020,296 including grants of \$ 3,679,093) (Revenue \$ _____)
MISSIONARY SOCIETY OF THE OBLATE FATHERS OF TEXAS**4c** (Code _____) (Expenses \$ 1,462,074 including grants of \$ 1,337,928) (Revenue \$ _____)
DIOCESE OF CORPUS CHRISTI**4d** Other program services (Describe in Schedule O) ATTACHMENT 2
(Expenses \$ 3,289,668 including grants of \$ 3,010,473) (Revenue \$ _____)**4e** Total program service expenses **▶** 9,868,594.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 9		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 2b X	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	2	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b Enter the number of voting members included in line 1a, above, who are independent	0	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

FROST FINANCIAL MGMT GROUP P. O. BOX 2950 SAN ANTONIO, TX 78299

(210) 220-4436

JSA

Form 990 (2014)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PABLO E. SUESS CO-TRUSTEE	20.00 0	X						217,244.	0	217,244.
(2) FROST BANK, CO-TRUSTEE JOHN W. ROBB, ADMINISTRATOR	40.00 0		X					1,007,813.	0	0
(3) _____	_____									
(4) _____	_____									
(5) _____	_____									
(6) _____	_____									
(7) _____	_____									
(8) _____	_____									
(9) _____	_____									
(10) _____	_____									
(11) _____	_____									
(12) _____	_____									
(13) _____	_____									
(14) _____	_____									

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								1,225,057.	0	217,244.
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,225,057.	0	217,244.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		0			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f			0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		3,178,885			3,178,885
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		6,539,745			6,539,745
		(i) Real	(ii) Personal				
	6a	Gross rents	1,028,795				
	b	Less rental expenses					
	c	Rental income or (loss)	1,028,795				
	d	Net rental income or (loss)		1,028,795			1,028,795
	7a	Gross amount from sales of assets other than inventory	(i) Securities 22,913,407	(ii) Other 25,212			
	b	Less cost or other basis and sales expenses	18,813,329				
	c	Gain or (loss)	4,100,078	25,212			
	d	Net gain or (loss)			4,125,290		4,125,290
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a			
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19		a			
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances		a			
	b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a	NILGAI DEER MEAT INCOME	110000	132,476			132,476	
b	CALICHE CLAY INCOME	110000	192,163			192,163	
c	OPERATIONS AND MAINTENANCE ONE TIME PAY	900099	11,865			11,865	
d	All other revenue	900099	500			500	
e	Total. Add lines 11a-11d		337,004				
12	Total revenue. See instructions			15,209,719			15,209,719

Form 990 (2014)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	9,031,045.	9,031,045.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,207,760.	830,186.	377,574.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)	0			
a Management				
b Legal	63,761.		63,761.	
c Accounting	14,725.	7,363.	7,362.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17.	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OIL AND GAS ROYALTY FEES	255,664.		255,664.	
b PRODUCTION TAXES	254,538.		254,538.	
c AD VALOREM TAXES	133,892.		133,892.	
d INTANGIBLE DRILLING COSTS	215,891.		215,891.	
e All other expenses	437,335.		437,335.	
25 Total functional expenses. Add lines 1 through 24e	11,614,611.	9,868,594.	1,746,017.	
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	0	1	0	
	2 Savings and temporary cash investments	2,666,048.	2	29,210.	
	3 Pledges and grants receivable, net	0	3	0	
	4 Accounts receivable, net	0	4	0	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0	
	7 Notes and loans receivable, net	0	7	0	
	8 Inventories for sale or use	0	8	0	
	9 Prepaid expenses and deferred charges	0	9	0	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a	22,430,458.		
	b Less accumulated depreciation	10b	22,430,458.	10c	22,430,458.
	11 Investments - publicly traded securities	111,408,269.	11	117,640,215.	
	12 Investments - other securities. See Part IV, line 11	0	12	0	
	13 Investments - program-related. See Part IV, line 11	0	13	0	
	14 Intangible assets	0	14	0	
	15 Other assets. See Part IV, line 11	18,106.	15	18,106.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	136,522,881.	16	140,117,989.		
Liabilities	17 Accounts payable and accrued expenses	0	17	0	
	18 Grants payable	0	18	0	
	19 Deferred revenue	0	19	0	
	20 Tax-exempt bond liabilities	0	20	0	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0	
	26 Total liabilities. Add lines 17 through 25	0	26	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		27		
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34				
	30 Capital stock or trust principal, or current funds	136,522,881.	30	140,117,989.	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0	
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0	
	33 Total net assets or fund balances	136,522,881.	33	140,117,989.	
34 Total liabilities and net assets/fund balances.	136,522,881.	34	140,117,989.		

Form **990** (2014)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,209,719.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,614,611.
3	Revenue less expenses Subtract line 2 from line 1	3	3,595,108.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	136,522,881.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	140,117,989.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

JOHN G. KENEDY, JR. CHARITABLE TRUST

Employer identification number

74-6334106

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☒ **Type III non-functionally integrated** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 6

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					9,031,045.	

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		X
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		X
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		X
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		X
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		X
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		X
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	X
b A family member of a person described in (a) above?	11b	X
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	X
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	X

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	163,491.	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	10,839,678.	11,084,430.
4 Add lines 1 through 3	4	11,003,169.	11,084,430.
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	1,506,687.	1,746,017.
7 Other expenses (see instructions)	7	751,326.	837,549.
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	8,745,156.	8,500,864.
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a	115,540,512.	126,501,700.
b Average monthly cash balances	1b	14,944,977.	17,296,896.
c Fair market value of other non-exempt-use assets	1c	144,037,644.	144,041,699.
d Total (add lines 1a, 1b, and 1c)	1d	274,523,133.	287,840,295.
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	274,523,133.	287,840,295.
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	4,117,847.	4,317,604.
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	270,405,286.	283,522,691.
6 Multiply line 5 by .035	6	9,464,185.	9,923,294.
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	9,464,185.	9,923,294.
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		8,745,156.
2 Enter 85% of line 1	2		7,433,383.
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		9,464,185.
4 Enter greater of line 2 or line 3	4		9,464,185.
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		9,464,185.
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	9,031,045.	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	837,549.	
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	Total annual distributions. Add lines 1 through 6	9,868,594.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	9,868,594.	
9	Distributable amount for 2014 from Section C, line 6	9,464,185.	
10	Line 8 amount divided by Line 9 amount	1.043	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			9,464,185.
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014			
a			
b			
c			
d			
e From 2013 7,800,804.			
f Total of lines 3a through e	7,800,804.		
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			7,800,804.
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ 9,868,594.			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			1,663,381.
c Remainder Subtract lines 4a and 4b from 4	8,205,213.		
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015 Add lines 3j and 4c	8,205,213.		
8 Breakdown of line 7			
a			
b			
c			
d Excess from 2013			
e Excess from 2014 8,205,213.			

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

FORM 990, SCHEDULE A, PART IV, SECTION D

2. THE ORGANIZATION MAINTAINS A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH THE SUPPORTED ORGANIZATIONS BY PARTICIPATING IN REGULAR COMMUNICATIONS. THERE IS A STRONG WORKING RELATIONSHIP BETWEEN THE TRUSTEE AND AN OFFICER OF THE SUPPORTED ORGANIZATIONS. THE TRUSTEE IS RESPONSIVE TO THE NEEDS OF ALL THE SUPPORTED ORGANIZATIONS.

FORM 990, SCHEDULE A, PART IV, SECTION D

3. THE SUPPORTED ORGANIZATIONS PARTICIPATE IN REGULAR COMMUNICATIONS WITH THE TRUSTEE OF THE ORGANIZATION REGARDING THE SUPPORTED ORGANIZATION'S PROJECTED NEEDS. THE SUPPORTED ORGANIZATIONS ALSO PROVIDE SUGGESTIONS TO THE TRUSTEE REGARDING THE ORGANIZATION'S USE OF ASSETS, INCLUDING TIMING OF GRANTS AND MANNER OF MAKING GRANTS. IN ADDITION, THE TRUSTEE REGULARLY COMMUNICATES WITH THE SUPPORTED ORGANIZATIONS REGARDING INVESTMENTS, DISTRIBUTION PLANS, AND OTHER SIMILAR MATTERS.

ATTACHMENT 1SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION		(IV) YES NO		(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
				YES	NO		
OUR LADY OF THE LAKE UNIVERSITY	74-1109631	02		X		1,003,491	0
SPOHN HOSPITAL	74-1109836	03		X		1,003,491	0
DIOCESE OF CORPUS CHRISTI	74-1185667	01		X		1,337,988	0
PAX CHRISTI INSTITUTE	74-2024894	01		X		1,003,491	0
CONVENT ACADEMY OF THE INCARNATE WORD	74-2460683	02		X		1,003,491	0
MISSIONARY SOCIETY OF OBLATE FATHERS OF TX	74-1256497	01		X		3,679,093	0
TOTAL AMOUNT OF SUPPORT						<u>9,031,045</u>	<u>0</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

JOHN G. KENEDY, JR. CHARITABLE TRUST

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number

74-6334106

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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Schedule D (Form 990) 2014

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	136,522,880.	128,643,173.	120,998,251.	116,022,509.	110,481,733.
b Contributions					
c Net investment earnings, gains, and losses	15,209,719.	17,187,199.	17,188,842.	18,583,522.	21,301,641.
d Grants or scholarships	9,031,045.	7,049,480.	7,317,573.	11,007,849.	12,259,756.
e Other expenditures for facilities and programs	2,583,566.	2,258,012.	2,226,347.	2,599,931.	3,501,109.
f Administrative expenses					
g End of year balance	140,117,988.	136,522,880.	128,643,173.	120,998,251.	116,022,509.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☒ 100.0000 %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations ☐ 3a(i) ☐ Yes ☒ No

(ii) related organizations ☐ 3a(ii) ☐ Yes ☒ No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ 3b ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		22,430,458.		22,430,458.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				22,430,458.

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 4

UNDER ITEM 16, SECTION 2 OF THE WILL OF ELENA S. KENEDY, THE TRUST WAS
CREATED TO BENEFIT THE CATHOLIC DIOCESE OF CORPUS CHRISTI, CONVENT
ACADEMY OF THE INCARNATE WORD, SPOHN HOSPITAL, OUR LADY OF THE LAKE
UNIVERSITY, PAX CHRISTI INSTITUTE, AND THE MISSIONARY SOCIETY OF OBLATE
FATHERS OF TEXAS. THE PURPOSES INCLUDE RELIGIOUS, CHARITABLE,
SCIENTIFIC, LITERARY OR EDUCATIONAL WITHIN SECTION 501(C)(3).

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

JOHN G. KENEDY, JR. CHARITABLE TRUST

Employer identification number

74-6334106

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OUR LADY OF THE LAKE UNIVERSITY 411 SW 24TH STREET SAN ANTONIO, TX 78285	74-1109631	501 (C) (3)	1,003,491				CHARITABLE
(2) SPOHN HOSPITAL P O BOX 3666 CORPUS CHRISTI, TX 78404	74-1109836	501 (C) (3)	1,003,491				CHARITABLE
(3) DIOCESE OF CORPUS CHRISTI P O BOX 2620 CORPUS CHRISTI, TX 78403-2620	74-1185667	501 (C) (3)	1,337,988				CHARITABLE
(4) PAX CHRISTI INSTITUTE 4601 CALLEEN DRIVE CORPUS CHRISTI, TX 78404	74-2324894	501 (C) (3)	1,003,491				CHARITABLE
(5) CONVENT ACADEMY OF THE INCARNATE WORD 2930 S ALAMEDA STREET CORPUS CHRISTI, TX 78404	74-2460663	501 (C) (3)	1,003,491				CHARITABLE
(6) MISSIONARY SOCIETY OF ORLATE FATHERS OF TX 7711 MADONIA DRIVE SAN ANTONIO, TX 78216	74-1256497	501 (C) (3)	3,679,093				CHARITABLE
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6.
- 3** Enter total number of other organizations listed in the line 1 table ▶▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2014)

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2

THE TRUST IS REQUIRED TO DISTRIBUTE INCOME FROM THE RANCH PROPERTY TO THE

MISSIONARY SOCIETY OF OBLATE FATHERS OF TEXAS. THE REMAINING INCOME IS

DISTRIBUTED AS FOLLOWS:

CATHOLIC DIOCESE OF CORPUS CHRISTI 25%

CONVENT ACADEMY OF THE INCARNATE WORD 18.75%

SPOHN HOSPITAL 18.75%

OUR LADY OF THE LAKE UNIVERSITY 18.75%

PAX CHRISTI INSTITUTE 18.75%

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

JOHN G. KENEDY, JR. CHARITABLE TRUST

Employer identification number

74-6334106

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

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Schedule J (Form 990) 2014

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
PABLO E. SUESS	217,244.	0	0	0	0	217,244.	434,488.	0
1 CO-TRUSTEE	0	0	0	0	0	0	0	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Schedule J (Form 990) 2014

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

JOHN G. KENEDY, JR. CHARITABLE TRUST

Employer identification number

74-6334106

FORM 990, PART VI, SECTION B, LINE 11B

YES, THE ADMINISTRATOR FOR THE TRUST REVIEWS AND SIGNS FORM 990 AS
REQUIRED BY INTERNAL BANK POLICIES.

FORM 990, PART VI, SECTION B, LINE 12C

FROST BANK HAS A WRITTEN CONFLICT OF INTEREST POLICY. BANK POLICY
REQUIRES ALL OFFICERS AND DIRECTORS TO ANNUALLY DISCLOSE INTERESTS THAT
COULD GIVE RISE TO CONFLICTS OF INTEREST. THE BANK INTERNAL POLICIES ARE
REGULARLY AND CONSISTENTLY MONITORED FOR COMPLIANCE AND ENFORCEMENT BY
INTERNAL AND EXTERNAL AUDITORS. FROST BANK HAS A WRITTEN WHISTLEBLOWER
POLICY AND A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY.
COMPENSATION FOR THE TRUSTEE IS EITHER SET BY THE GOVERNING DOCUMENT OR
REFLECT CHARGES THAT ARE NORMAL AND CUSTOMARY AS ESTABLISHED BY THE BANK
FOR SIMILAR ACCOUNTS.

FORM 990, PART VI, SECTION C, LINE 19

COPIES OF FORM 1023, TRUST GOVERNING DOCUMENTS, TAX RETURNS, AND
FINANCIAL REPORTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. A
COPY OF THE CONFLICT OF INTEREST POLICY IS ALSO AVAILABLE TO THE PUBLIC
UPON WRITTEN REQUEST.

FORM 990, PART VIII, LINE 5

OIL AND GAS ROYALTIES: \$4,883,884.
WIND ROYALTY INCOME: \$1,655,861.

Name of the organization

Employer identification number

JOHN G. KENEDY, JR. CHARITABLE TRUST

74-6334106

TOTAL ROYALTY INCOME \$6,539,745.

FORM 990, PART IX, LINE 24(E)

RANCH/WIND ROYALTY EXPENSES \$ 419,800.

OTHER EXPENSES \$ 17,535.

TOTAL OTHER EXPENSES \$ 437,335.

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

UNDER ITEM 16, SECTION 2 OF THE WILL OF ELENA S. KENEDY, THE TRUST
 WAS CREATED TO BENEFIT THE CATHOLIC DIOCESE OF CORPUS CHRISTI,
 CONVENT ACADEMY OF THE INCARNATE WORD, SPOHN HOSPITAL, OUR LADY OF
 THE LAKE UNIVERSITY, PAX CHRISTI INSTITUTE, AND THE MISSIONARY
 SOCIETY OF OBLATE FATHERS OF TEXAS. THE PURPOSES INCLUDE RELIGIOUS,
 CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONAL WITHIN SECTION
 501(C)(3).

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
PAX CHRISTI INSTITUTE	1,003,491.	1,096,556.	
CONVENT ACADEMY OF THE INCARNATE WORD	1,003,491.	1,096,556.	
SPOHN HOSPITAL	1,003,491.	1,096,556.	
TOTALS	<u>3,010,473.</u>	<u>3,289,668.</u>	

Name of the organization

JOHN G. KENEDY, JR. CHARITABLE TRUST

Employer identification number

74-6334106

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
CASH EQUIV & SHORT TERM FUNDS	18,967,820.	COST
CORPORATE BONDS	8,133,632.	COST
MUTUAL FUNDS	31,909,840.	COST
COMMON STOCK	52,644,175.	COST
GOVERNMENT OBLIGATIONS	5,984,748.	COST
TOTALS	<u>117,640,215.</u>	

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

JOHN G. KENEDY, JR. CHARITABLE TRUST

JOHN G. KENEDY, JR. CHARITABLE TRUST

74-6334106

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37

▶ Attach to Form 990

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

74-6334106

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	OUR LADY OF THE LAKE UNIVERSITY 411 SW 24TH STREET SAN ANTONIO, TX 78285 74-1109631	EDUCATION	TX	501(C)(3)	2	N/A	X
(2)	SFOHNS HOSPITAL P.O. BOX 3666 CORPUS CHRISTI, TX 78404 74-1109836	HEALTHCARE	TX	501(C)(3)	3	N/A	X
(3)	DIOCESE OF CORPUS CHRISTI P.O. BOX 2620 CORPUS CHRISTI, TX 78403 74-1185667	RELIGION	TX	501(C)(3)	1	N/A	X
(4)	PAX CHRISTI INSTITUTE 4601 CALALLEN DRIVE CORPUS CHRISTI, TX 78410 74-2324894	RELIGION	TX	501(C)(3)	1	N/A	X
(5)	CONVENT ACADEMY OF THE INCARNATE WORD 2930 S ALAMEDA STREET CORPUS CHRISTI, TX 78404 74-2460683	RELIG./EDUC.	TX	501(C)(3)	2	N/A	X
(6)	MISSIONARY SOCIETY OF OBLETE FATHERS 7711 MADONNA DRIVE SAN ANTONIO, TX 78216 74-1256497	RELIGION	TX	501(C)(3)	1	N/A	X
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2014

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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		X
b Gift, grant, or capital contribution to related organization(s).	1b	X	
c Gift, grant, or capital contribution from related organization(s).	1c		X
d Loans or loan guarantees to or for related organization(s).	1d		X
e Loans or loan guarantees by related organization(s).	1e		X
f Dividends from related organization(s).	1f		
g Sale of assets to related organization(s).	1g		X
h Purchase of assets from related organization(s).	1h		X
i Exchange of assets with related organization(s).	1i		X
j Lease of facilities, equipment, or other assets to related organization(s).	1j		X
k Lease of facilities, equipment, or other assets from related organization(s).	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s).	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s).	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n		X
o Sharing of paid employees with related organization(s).	1o		X
p Reimbursement paid to related organization(s) for expenses.	1p		X
q Reimbursement paid by related organization(s) for expenses.	1q		X
r Other transfer of cash or property to related organization(s).	1r		X
s Other transfer of cash or property from related organization(s).	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	OUR LADY OF THE LAKE UNIVERSITY	B	1,003,491.	ACTUAL COST
(2)	SPOHN HOSPITAL	B	1,003,491.	ACTUAL COST
(3)	DIOCESE OF CORPUS CHRISTI	B	1,337,988.	ACTUAL COST
(4)	PAX CHRISTI INSTITUTE	B	1,003,491.	ACTUAL COST
(5)	CONVENT ACADEMY OF THE INCARNATE WORD	B	1,003,491.	ACTUAL COST
(6)	MISSIONARY SOCIETY OF OBLATE FATHERS OF TEXAS	B	3,679,093.	ACTUAL COST

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Schedule R (Form 990) 2014

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII**Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Form **8949**Department of the Treasury
Internal Revenue Service**Sales and Other Dispositions of Capital Assets**► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

► 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

2014Attachment
Sequence No **12A**

Name(s) shown on return

JOHN G. KENEDY, JR. CHARITABLE TRUST

Social security number or taxpayer identification number

74-6334106

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 may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short-term. 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 total directly on Schedule D, line 1a, you are not 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 was not 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 (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g) enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ST SALES - SEE ATTACHE	VAR	VAR	5,221,395.	5,717,178.			-495,783.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).				5,221,395.	5,717,178.			-495,783.

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.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2014)JSA
4X2615 2 000

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

JOHN G. KENEDY, JR. CHARITABLE TRUST

Social security number or taxpayer identification number

74-6334106

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 may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. 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 total directly on Schedule D, line 8a, you are not 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 was **not** 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 (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	CAPITAL GAIN							
	DISTRIBUTIONS	VAR	VAR	2,046,053.				2,046,053.
	SETTLEMENT PROCEEDS	VAR	VAR	818.				818.
	EASEMENT PROCEEDS	VAR	VAR	25,212.				25,212.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				2,072,083.				2,072,083.

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

JOHN G. KENEDY, JR. CHARITABLE TRUST

74-6334106

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 may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. 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 total directly on Schedule D, line 8a, you are not 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 was **not** 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 (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	LT SALES - SEE ATTACHED	VAR	VAR	15645141.	13096151.			2,548,990.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).				15645141.	13096151.			2548990.

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.

**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.
▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

2014

Name of estate or trust

JOHN G. KENEDY, JR. CHARITABLE TRUST

Employer identification number

74-6334106

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

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.				
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.	5,221,395.	5,717,178.		-495,783.
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2013 Capital Loss Carryover Worksheet				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back				7 -495,783.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below

This form may be easier to complete if you round off cents to whole dollars

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.	2,072,083.			2,072,083.
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.	15,645,141.	13,096,151.		2,548,990.
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				12
13 Capital gain distributions.				13
14 Gain from Form 4797, Part I.				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2013 Capital Loss Carryover Worksheet				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back				16 4,621,073.

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

Schedule D (Form 1041) 2014

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Part III Summary of Parts I and II**Caution:** Read the instructions before completing this part

		(1) Beneficiaries' (see instr)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17		-495,783.
18	Net long-term gain or (loss):			
a	Total for year	18a		4,621,073.
b	Unrecaptured section 1250 gain (see line 18 of the wrksh)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a. ▶	19		4,125,290.

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

Part IV Capital Loss Limitation

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

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), 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 22, is more than zero.

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

- Either line 18b, col (2) or line 18c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 990-T, line 4g are more than zero

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, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col (2) or line 18c, col (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34).	21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero.	22		
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T).	23		
24	Add lines 22 and 23	24		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . ▶	25		
26	Subtract line 25 from line 24. If zero or less, enter -0-	26		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27		
28	Enter the smaller of the amount on line 21 or \$2,500	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶	30		
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26.	32		
33	Enter the smaller of line 21 or \$12,150.	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Enter the smaller of line 32 or line 35.	36		
37	Multiply line 36 by 15%. ▶	37		
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40		
41	Multiply line 40 by 20% ▶	41		
42	Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041).	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041).	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36). ▶	45		

Schedule D (Form 1041) 2014

ACCT: L710 FL486800
FROM 05/31/2014
TO 04/30/2015

FIRST BANK TRUSTEE
STATEMENT OF CAPITAL GAINS AND LOSSES
KENNEDY, JOHN G. LP CHIEF TRUST
TRUST YEAR ENDING 04/30/2015

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TAX PREPAPER 45
TRUST ADMINISTRATOR 19
INVESTMENT OFFICER: 238

LEGEND F - FEDERAL S - STATE I - INHERITED
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	MARKET DISCOUNT	TERM	NC	8949
2065.0000 ALTERA CORP COM* - 021441100 - MINOR = 42									
SOLD		03/30/2015	85495.85						
ACQ	899.0000	03/05/2013	36434.49	32969.02	3465.47	0.00	LT	F	
	1165.0000	03/05/2013	49062.36	44351.30	4701.06	0.00	LT	F	
13099.0000 ALTERA CORP COM* - 021441100 - MINOR = 42									
SOLD		03/30/2015	542335.77						
ACQ	13099.0000	03/05/2013	542335.77	490370.24	51965.53	0.00	LT	F	
1118.0000 ANADARKO PETROLEUM CORP COM - 032511107 - MINOR = 42									
SOLD		10/27/2014	39985.08						
ACQ	368.0000	06/02/2010	34089.82	16956.65	17133.17	0.00	LT	Y F	
	750.0000	06/15/2010	65895.26	31972.13	33923.13	0.00	LT	Y F	
7338.0000 ANADARKO PETROLEUM CORP COM - 032511107 - MINOR = 42									
SOLD		10/27/2014	662291.37						
ACQ	508.0000	06/02/2010	46633.06	22200.97	24432.09	0.00	LT	Y F	
	4000.0000	06/15/2010	35144.43	170596.00	180541.43	0.00	LT	Y F	
	3030.0000	07/07/2010	266216.88	123287.67	142929.21	0.00	LT	Y F	
238.0000 APACHE CORP COM* - 037411105 - MINOR = 42									
SOLD		12/01/2014	14751.96						
ACQ	238.0000	09/17/2013	14751.96	21004.83	6152.87	0.00	LT	F	
1038.0000 APACHE CORP COM* - 037411105 - MINOR = 42									
SOLD		12/01/2014	67437.53						
ACQ	1038.0000	09/17/2013	67437.53	96222.09	-16584.56	0.00	LT	F	
1683.0000 APACHE CORP COM* - 037411105 - MINOR = 42									
SOLD		12/11/2014	96516.91						
ACQ	886.0000	09/17/2013	50833.15	78194.47	-27384.02	0.00	LT	F	
	644.0000	03/28/2014	36932.70	53303.62	-16371.62	0.00	ST	C	
	153.0000	04/02/2014	6774.76	12896.25	-4122.09	0.00	ST	C	
12858.0000 APACHE CORP COM* - 037411105 - MINOR = 42									
SOLD		12/11/2014	737955.76						
ACQ	7292.0000	09/17/2013	418152.58	643539.84	-225377.76	0.00	LT	F	
	715.0000	03/28/2014	41003.91	59180.48	-18176.57	0.00	ST	C	
	3465.0000	03/28/2014	15871.28	287032.63	-88221.35	0.00	ST	C	
	1306.0000	04/02/2014	80657.99	117668.73	-37010.74	0.00	ST	C	
1007.0000 BEAT CORP COM* - 054937107 - MINOR = 42									
SOLD		05/06/2014	39833.74						
ACQ	1060.0000	07/05/2011	39383.74	16880.87	16302.87	0.00	LT	F	
6537.0000 BEAT CORP COM* - 054937107 - MINOR = 42									
SOLD		05/06/2014	217878.82						
ACQ	6537.0000	07/05/2011	342578.82	179107.76	64771.06	0.00	LT	F	
2928.0000 BEAT CORP COM* - 054937107 - MINOR = 42									
SOLD		05/06/2014	101335.99						
ACQ	2928.0000	07/05/2011	101335.99	77051.97	15284.02	0.00	LT	F	
0614.0000 BEAT CORP COM* - 054937107 - MINOR = 42									
SOLD		05/06/2014	715952.61						
ACQ	20614.0000	07/05/2011	71592.61	56185.10	184301.51	0.00	LT	F	
1729.0000 BORGWARNER INC COM* - 059724106 - MINOR = 42									
SOLD		04/19/2014	103635.03						
ACQ	198.0000	05/02/2010	11874.85	3777.54	8097.31	0.00	LT	Y F	
	839.0000	07/07/2010	49778.43	15670.47	34107.93	0.00	LT	Y F	
	790.0000	12/20/2010	41981.78	25182.43	16799.35	0.00	LT	Y F	
12603.0000 BORGWARNER INC COM* - 059724106 - MINOR = 42									
SOLD		05/15/2014	735792.00						
ACQ	4602.0000	06/15/2010	276706.22	34901.20	181199.02	0.00	LT	Y F	
	4000.0000	07/07/2010	239695.89	70234.62	164621.29	0.00	LT	Y F	
	4000.0000	12/22/2010	239695.89	140227.20	95468.69	0.00	LT	Y F	
253.0000 CVS CORP COM - 126650100 - MINOR = 42									
SOLD		08/06/2014	19463.90						
ACQ	253.0000	08/17/2011	19463.90	8711.58	10752.32	0.00	LT	F	
718.0000 CVS CORP COM - 126650100 - MINOR = 42									
SOLD		08/06/2014	55237.45						
ACQ	718.0000	08/03/2011	55237.45	25629.75	29547.70	0.00	LT	F	
500000.0000 CARMAX 10-1 C		2.55% 8/15/16 - MINOR = 87							
SOLD		11/17/2014	500000.00						
ACQ	500000.0000	11/03/2010	500000.00	499837.25	162.75	0.00	LT	Y F	
150000.0000 CARMAX 11-1 C		2.83% 2/15/17 - MINOR = 87							
SOLD		03/18/2015	150000.00						
ACQ	150000.0000	03/09/2011	150000.00	149265.01	31.99	0.00	LT	Y F	
39368.0000 CIENA CORP COM - 171779309 - MINOR = 42									
SOLD		10/13/2014	567570.97						
ACQ	28945.0000	07/18/2014	425238.51	589956.90	-173718.89	0.00	ST	C	
	10023.0000	08/22/2014	141332.96	702451.57	-67118.61	0.00	ST	C	
5524.0000 CIENA CORP COM - 171779309 - MINOR = 42									
SOLD		10/13/2014	78501.11						
ACQ	4113.0000	07/18/2014	58478.21	82367.82	-23889.61	0.00	ST	C	
	1410.0000	08/22/2014	20022.90	13480.16	-6542.74	0.00	ST	C	
30623.0000 CORNING INC COM* - 219350105 - MINOR = 42									
SOLD		10/09/2014	743964.78						
ACQ	29623.0000	11/07/2013	743964.78	657150.51	86808.27	0.00	ST	C	
6013.0000 CORNING INC COM* - 219350105 - MINOR = 42									
SOLD		10/09/2014	112944.27						
ACQ	6013.0000	11/07/2013	112944.27	99722.73	13121.54	0.00	ST	C	
10529.0000 DEVON ENERGY CORP - 251784123 - MINOR = 42									
SOLD		10/09/2014	682777.45						
ACQ	280.0000	05/19/2014	17452.70	15961.26	-2468.56	0.00	ST	C	
	10649.0000	05/19/2014	665284.75	759246.02	-93961.27	0.00	ST	C	

ACCT: 1710 F0486800
FROM 05/01/2014
TO 04/30/2015

FRONT BANK TRUSTEE
STATEMENT OF CAPITAL GAINS AND LOSSES
KENEDY, JOHN G GR. CHAP TRUST
TRUST YEAR ENDING 04/30/2015

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TAX PREPARED 45
TRUST ADMINISTRATOR 18
INVESTMENT OFFICER: 038

LEGEND F - FEDERAL S - STATE I - INHERITED
E - EXEMPT FROM STATE L - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALE PRICE	COST BASIS	GAIN/LOSS	MARKET DISCOUNT	TERM NC
1593.0000 DEVON ENERGY CORP - 25179M103 - MINOR = 31000							
SOLD		10/02/2014	99021.16				
ACQ	125.0000	05/19/2014	7809.24	8211.27	-1102.03		C
	1460.0000	05/19/2014	91211.92	104094.21	-12882.29		C
91.0000 E M C CORP MASSACHUSETTS COM * - 265648102 - MINOR = 42							
SOLD		05/13/2014	2064.20				
ACQ	81.0000	01/10/2011	2064.30	1930.14	134.16		F
7570.0000 E M C CORP MASSACHUSETTS COM * - 265648102 - MINOR = 42							
SOLD		05/13/2014	192923.23				
ACQ	7570.0000	01/10/2011	192923.23	180344.77	12578.46		F
10385.0000 E M C CORP MASSACHUSETTS COM * - 265648102 - MINOR = 42							
SOLD		07/10/2014	80309.16				
ACQ	21385.0000	01/10/2011	56952.77	509581.01	60011.74		F
	9000.0000	01/14/2011	239716.39	221039.10	18677.29		F
4169.0000 E M C CORP MASSACHUSETTS COM * - 265648102 - MINOR = 42							
SOLD		05/10/2014	111041.40				
ACQ	4169.0000	01/10/2011	111041.94	99342.65	11699.28		F
54.4600 GNMA I POOL #209561							
SOLD		05/15/2014	54.46				
ACQ	54.4600	10/27/1988	54.46	54.93	0.53		F
54.9200 GNMA I POOL #209561							
SOLD		05/15/2014	54.92				
ACQ	54.9200	10/27/1988	54.92	54.39	0.53		F
55.3900 GNMA I POOL #209561							
SOLD		05/15/2014	55.39				
ACQ	55.3900	10/27/1988	55.39	54.89	0.54		F
55.8400 GNMA I POOL #209561							
SOLD		05/15/2014	55.84				
ACQ	55.8400	10/27/1988	55.84	55.20	0.54		F
56.2000 GNMA I POOL #209561							
SOLD		05/15/2014	56.20				
ACQ	56.2000	10/27/1988	56.20	55.75	0.55		F
56.7700 GNMA I POOL #209561							
SOLD		05/15/2014	56.77				
ACQ	56.7700	10/27/1988	56.77	56.22	0.55		F
57.2500 GNMA I POOL #209561							
SOLD		05/15/2014	57.25				
ACQ	57.2500	10/27/1988	57.25	56.70	0.55		F
57.7300 GNMA I POOL #209561							
SOLD		05/15/2014	57.73				
ACQ	57.7300	10/27/1988	57.73	57.17	0.56		F
58.1700 GNMA I POOL #209561							
SOLD		05/15/2014	58.17				
ACQ	58.1700	10/27/1988	58.17	57.61	0.56		F
58.7500 GNMA I POOL #209561							
SOLD		05/15/2014	58.75				
ACQ	58.7500	10/27/1988	58.75	58.18	0.57		F
59.1800 GNMA I POOL #209561							
SOLD		05/15/2014	59.18				
ACQ	59.1800	10/27/1988	59.18	58.75	0.43		F
59.7900 GNMA I POOL #209561							
SOLD		05/15/2014	59.79				
ACQ	59.7900	10/27/1988	59.79	59.21	0.58		F
6305.5300 GNMA I POOL #701962							
SOLD		05/15/2014	6306.53				
ACQ	6306.5300	03/09/2010	6306.53	6351.67	-45.14		F
1069.4000 GNMA I POOL #701962							
SOLD		05/15/2014	14363.40				
ACQ	14369.4000	03/09/2010	14269.40	14470.57	-101.17		F
6275.9600 GNMA I POOL #701962							
SOLD		07/15/2014	6275.96				
ACQ	6275.9600	03/03/2010	6275.96	6319.46	-43.50		F
5593.1200 GNMA I POOL #701962							
SOLD		08/15/2014	5593.12				
ACQ	5593.1200	02/09/2010	5593.12	5631.29	-38.17		F
5871.8500 GNMA I POOL #701962							
SOLD		09/15/2014	5871.85				
ACQ	5871.8500	03/09/2010	5871.85	5911.26	-39.41		F
7350.5600 GNMA I POOL #701962							
SOLD		10/15/2014	7350.56				
ACQ	7350.5600	03/09/2010	7350.56	7399.15	-48.59		F
9390.2200 GNMA I POOL #701962							
SOLD		11/15/2014	9390.22				
ACQ	9390.2200	03/09/2010	9390.22	9451.14	-60.92		F
8997.6800 GNMA I POOL #701962							
SOLD		12/15/2014	8997.68				
ACQ	8997.6800	03/09/2010	8997.68	9054.93	-57.27		F
8143.3700 GNMA I POOL #701962							
SOLD		01/15/2015	8143.37				
ACQ	8143.3700	03/09/2010	8143.37	8194.11	-50.74		F
8437.8800 GNMA I POOL #701962							
SOLD		02/15/2015	8437.88				
ACQ	8437.8800	03/09/2010	8437.88	8489.36	-51.48		F

ACT: L710 F0486000
FROM 05/01/2014
TO 04/30/2015

FRUIT BANK TRUSTEE
STATEMENT OF CAPITAL GAINS AND LOSSES
HENDRY, DON G JR CHAR TRUST
TRUST YEAR ENDING 04/30/2015

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TAX PREPARER: 45
TRUST ADMINISTRATOR: 18
INVESTMENT OFFICER: 332

LEGEND: F - FEDERAL S - STATE I - INHERITED
E - EXEMPT FROM STATE J - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	MARKET DISCOUNT	TERM	VC
6036 0000 GIMA I POOL 4701362	4.54	05/15/39	362960237	- MINOR = 20				
SOLD		03/15/2015	6036.00					
ACQ	6036 0000	03/09/2010	6036.00	6072.21	-36.13	0.00	LT	Y F
7916.8200 GIMA I POOL 4701362	4.54	06/15/39	362960237	- MINOR = 20				
SOLD		04/15/2015	7916.82					
ACQ	7916 8200	03/09/2010	7916.82	7965.23	-48.41	0.00	LT	Y F
750000 0000 GENERAL ELEC CAP CORP	5.94	05/13/14	369620465	- MINOR = 31				
SOLD		05/13/2014	750000.00					
ACQ	750000 0000	05/07/2009	750000.00	750000.00	0.00	0.00	LT	Y F
100000 0000 GENERAL ELEC CAP CORP	5.94	05/13/14	369620465	- MINOR = 31				
SOLD		05/13/2014	100000.00					
ACQ	100000 0000	05/07/2009	100000.00	100000.00	0.00	0.00	LT	Y F
27 0000 GILDED SCIENCES INC COM	375558103	- MINOR = 42						
SOLD		12/23/2014	1920.66					
ACQ	27 0000	07/10/2013	1920.66	1325.25	601.41	0.00	LT	Y F
170 0000 GILDED SCIENCES INC COM	375558103	- MINOR = 42						
SOLD		12/23/2014	15676.02					
ACQ	170 0000	07/10/2013	15676.02	10702.75	4893.27	0.00	LT	Y F
7535.7200 GIMA REMIC 09-101 L	4.54	10/20/38	383760003	- MINOR = 21				
SOLD		05/20/2014	7535.72					
ACQ	7535.7200	07/29/2011	7535.72	7811.36	-285.64	0.00	LT	Y F
8132.0000 GIMA REMIC 09-101 L	4.54	10/20/38	383760003	- MINOR = 21				
SOLD		05/20/2014	8132.00					
ACQ	8132.0000	07/29/2011	8132.00	8207.53	-195.53	0.00	LT	Y F
7603.8000 GIMA REMIC 09-101 L	4.54	10/20/38	383760003	- MINOR = 21				
SOLD		05/20/2014	7603.80					
ACQ	7603.8000	07/29/2011	7603.80	7999.47	-384.77	0.00	LT	Y F
8190.5600 GIMA REMIC 09-101 L	4.54	10/20/38	383760003	- MINOR = 21				
SOLD		05/20/2014	8190.56					
ACQ	8190.5600	07/29/2011	8190.56	8281.37	-190.81	0.00	LT	Y F
7277.2600 GIMA REMIC 09-101 L	4.54	10/20/38	383760003	- MINOR = 21				
SOLD		05/20/2014	7277.26					
ACQ	7277.2600	07/29/2011	7277.26	7444.15	-166.89	0.00	LT	Y F
7920.2800 GIMA REMIC 09-101 L	4.54	10/20/38	383760003	- MINOR = 21				
SOLD		05/20/2014	7920.28					
ACQ	7920.2800	07/29/2011	7920.28	8105.31	-189.03	0.00	LT	Y F
7980.1300 GIMA REMIC 09-101 L	4.54	10/20/38	383760003	- MINOR = 21				
SOLD		05/20/2014	7980.13					
ACQ	7980.1300	07/29/2011	7980.13	7237.23	157.90	0.00	LT	Y F
6700.2900 GIMA REMIC 09-101 L	4.54	10/20/38	383760003	- MINOR = 21				
SOLD		05/20/2014	6700.29					
ACQ	6700.2900	07/29/2011	6700.29	6427.40	272.89	0.00	LT	Y F
6411.1400 GIMA REMIC 09-101 L	4.54	10/20/38	383760003	- MINOR = 21				
SOLD		05/20/2014	6411.14					
ACQ	6411.1400	07/29/2011	6411.14	6548.09	-136.95	0.00	LT	Y F
6779.0100 GIMA REMIC 09-101 L	4.54	10/20/38	383760003	- MINOR = 21				
SOLD		05/20/2014	6779.01					
ACQ	6779.0100	07/29/2011	6779.01	6849.05	-140.04	0.00	LT	Y F
6401.3400 GIMA REMIC 09-101 L	4.54	10/20/38	383760003	- MINOR = 21				
SOLD		05/20/2014	6401.34					
ACQ	6401.3400	07/29/2011	6401.34	6521.09	-119.75	0.00	LT	Y F
7640.6300 GIMA REMIC 09-101 L	4.54	10/20/38	383760003	- MINOR = 21				
SOLD		05/20/2014	7640.63					
ACQ	7640.6300	07/29/2011	7640.63	7702.77	-102.14	0.00	LT	Y F
1000000 0000 IBM CORP FLT	0.21214	2/04/15	452200000	- MINOR = 31				
SOLD		02/04/2015	1000000.00					
ACQ	1000000 0000	02/04/2015	1000000.00	1000000.00	0.00	0.00	LT	Y F
150000 0000 IBM CORP FLT	0.21214	2/04/15	452200000	- MINOR = 31				
SOLD		02/04/2015	150000.00					
ACQ	150000 0000	02/04/2015	150000.00	150000.00	0.00	0.00	LT	Y F
15000 KEYSIGHT TECHNOLOGIES INC COM	493381103	- MINOR = 42						
SOLD		11/07/2014	14.65					
ACQ	15000	04/23/2013	14.65	11.97	2.78	0.00	LT	Y F
1079 0000 KEYSIGHT TECHNOLOGIES INC COM	493381103	- MINOR = 42						
SOLD		12/09/2014	36618.29					
ACQ	1079 0000	04/23/2013	36618.29	25621.66	10996.63	0.00	LT	Y F
6118 0000 KEYSIGHT TECHNOLOGIES INC COM	493381103	- MINOR = 42						
SOLD		12/09/2014	217809.26					
ACQ	6118 0000	04/23/2013	217809.26	152400.20	65409.06	0.00	LT	Y F
16601.0000 LOWES COS INC COM	548661107	- MINOR = 42						
SOLD		08/12/2014	823625.83					
ACQ	16601 0000	10/14/2009	228623.83	105621.03	128202.80	0.00	LT	Y F
3000 0000		12/01/2009	149200.50	67497.50	81702.00	0.00	LT	Y F
4200 0000		09/21/2010	198934.00	87980.00	110954.00	0.00	LT	Y F
5000 0000		12/01/2010	248667.50	123590.00	125077.50	0.00	LT	Y F
2276 0000 LOWES COS INC COM	548661107	- MINOR = 42						
SOLD		09/12/2014	131393.45					
ACQ	2276 0000	10/12/2009	33646.50	10797.60	22848.90	0.00	LT	Y F
1000 0000		09/13/2010	49733.50	21799.30	27934.20	0.00	LT	Y F
700 0000		09/24/2010	13613.45	15762.60	19050.85	0.00	LT	Y F
452 0000 MICROSOFT CORP COM	534918104	- MINOR = 42						
SOLD		03/06/2015	19075.53					
ACQ	452 0000	11/19/2007	19075.53	15439.51	3636.02	0.00	LT	Y F

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PENNEY, JCMN & JR. CHAR. TRUST

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TRUST YEAR ENDING 04/30/2015

TAX PREPARER 45
TRUST ADMINISTRATOR 18
INVESTMENT OFFICER 358

LEGEND: F - FEDERAL S - STATE I - INTERESTED
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	MARKET DISCOUNT	TERM	NC
2283 0000 MICROSOFT CORP COM*		594913104 - MINOR = 42						
SOLD		03/06/2015	140771.13					
ACQ	2939.0000	10/31/2007	121233.21	107664.67	16348.54	0.00	LT	Y F
	444.0000	04/29/2009	18737.22	9029.66	9698.26	0.00	LT	Y F
750000.0000 MORGAN STANLEY MIN		61 4/28/15 - 617571033 - MINOR = 31						
SOLD		04/28/2015	750000.00					
ACQ	750000.0000	06/18/2010	750000.00	750000.00	0.00	0.00	LT	Y F
803.0000 PRAXAIR INC COM*		740059104 - MINOR = 42						
SOLD		04/14/2015	97190.29					
ACQ	803.0000	04/17/2014	97190.29	106026.60	-3801.31	0.00	ST	Y
5858.0000 PRAXAIR INC COM*		740059104 - MINOR = 42						
SOLD		04/11/2015	709017.01					
ACQ	5858.0000	04/17/2014	709017.01	770479.19	-64462.18	0.00	ST	Y
8004.0000 QUALCOMM INC COM*		747525103 - MINOR = 42						
SOLD		10/10/2014	377000.60					
ACQ	54.0000	10/12/2010	3668.67	2424.85	1439.82	0.00	LT	Y F
	5600.0000	11/01/2010	298210.58	277742.00	110468.58	0.00	LT	Y F
	3000.0000	11/02/2010	214920.35	127297.30	77528.45	0.00	LT	Y F
1352.0000 QUALCOMM INC COM*		747525103 - MINOR = 42						
SOLD		10/10/2014	90931.79					
ACQ	253.0000	10/12/2010	18125.46	11372.61	6745.85	0.00	LT	Y F
	600.0000	11/17/2010	42985.47	28014.92	14969.35	0.00	LT	Y F
	500.0000	01/04/2011	35821.06	25404.95	10416.11	0.00	LT	Y
1206.0000 SPILSBURG LIMITED COM*		8048857108 - MINOR = 4						
SOLD		12/17/2014	99378.11					
ACQ	714.0000	05/19/2008	17614.16	22669.00	-4934.74	0.00	LT	Y F
	629.0000	01/02/2009	51831.54	28141.44	23690.10	0.00	LT	Y F
	128.0000	10/31/2011	10747.59	9700.38	1047.21	0.00	LT	Y
	235.0000	09/09/2012	19264.70	17453.77	1810.93	0.00	LT	Y
7154.0000 SPILSBURG LIMITED COM*		8048857108 - MINOR = 44						
SOLD		12/17/2014	589211.63					
ACQ	3054.0000	01/02/2009	301100.85	163475.85	137624.00	0.00	LT	Y F
	2000.0000	10/15/2010	16486.16	124920.00	-39033.84	0.00	LT	Y F
	1500.0000	08/09/2012	120354.62	111598.50	12056.12	0.00	LT	Y
4189.0000 UTILITIES SELECT SECTOR SPDR FD ETF*		813693866 - MINOR = 42						
SOLD		11/13/2014	95702.82					
ACQ	2184.0000	02/20/2013	9500.92	81494.22	-17002.70	0.00	LT	Y
10000.0000 UTILITIES SELECT SECTOR SPDR FD ETF*		813693866 - MINOR = 42						
SOLD		11/13/2014	48923.20					
ACQ	10000.0000	02/20/2013	48923.20	395504.02	-26691.18	0.00	LT	Y
2354.0000 UTILITIES SELECT SECTOR SPDR FD ETF*		813693866 - MINOR = 42						
SOLD		02/17/2015	106368.24					
ACQ	1383.0000	02/17/2013	62497.47	5149.20	11072.37	0.00	LT	Y
	579.0000	02/03/2014	26162.79	32743.12	-1419.67	0.00	LT	Y
	292.0000	02/03/2014	17712.95	15390.96	2327.02	0.00	LT	Y
19013.0000 UTILITIES SELECT SECTOR SPDR FD ETF*		813693866 - MINOR = 42						
SOLD		02/17/2015	813928.43					
ACQ	10780.0000	02/20/2013	487116.88	401343.02	85773.86	0.00	LT	Y
	4626.0000	02/03/2014	209031.21	181789.28	27241.93	0.00	LT	Y
	2607.0000	02/03/2014	117800.31	100214.49	15475.82	0.00	LT	Y
2207.0000 SILICON LABORATORIES INC COM*		820919102 - MINOR = 42						
SOLD		04/27/2015	113745.36					
ACQ	737.0000	01/14/2014	37953.84	32264.74	5717.10	0.00	LT	Y
	1056.0000	01/15/2014	54424.60	47589.75	6735.35	0.00	LT	Y
	414.0000	01/17/2014	21336.92	16759.21	2577.71	0.00	LT	Y
14758.0000 SILICON LABORATORIES INC COM*		820919102 - MINOR = 42						
SOLD		04/27/2015	863269.05					
ACQ	4376.0000	01/14/2014	225532.10	191585.33	23945.73	0.00	LT	Y
	6273.0000	01/15/2014	303300.70	283267.43	40013.27	0.00	LT	Y
	6101.0000	01/17/2014	314336.09	276449.12	37986.97	0.00	LT	Y
132.0000 SILICON LABORATORIES INC COM*		826919102 - MINOR = 42						
SOLD		04/28/2015	6959.75					
ACQ	132.0000	01/17/2014	6959.75	5961.20	979.55	0.00	LT	Y
422.0000 SILICON LABORATORIES INC COM*		826919102 - MINOR = 42						
SOLD		04/28/2015	22250.09					
ACQ	422.0000	01/17/2014	22250.09	19121.71	3128.38	0.00	LT	Y
1000000.0000 U S TREASURY NOTES		4.25% 11/15/14 - 912828201 - MINOR = 15						
SOLD		11/15/2014	1000000.00					
ACQ	50000.0000	10/25/2008	50000.00	49160.16	839.84	0.00	LT	Y F
	450000.0000	01/31/2006	450000.00	450000.00	0.00	0.00	LT	Y F
	500000.0000	02/17/2006	500000.00	500000.00	0.00	0.00	LT	Y F
200000.0000 U S TREASURY NOTES		4.25% 11/15/14 - 912828201 - MINOR = 15						
SOLD		11/15/2014	200000.00					
ACQ	100000.0000	01/31/2006	100000.00	100000.00	0.00	0.00	LT	Y F
	100000.0000	04/06/2005	100000.00	98335.94	1664.06	0.00	LT	Y F
500000.0000 VERIZON 144A FLT		4.25% 3/06/15 - 923434500 - MINOR = 34						
SOLD		03/06/2015	500000.00					
ACQ	500000.0000	03/07/2013	500000.00	499445.50	153.50	0.00	LT	Y F
2289.0000 XILINX INC COM*		983919101 - MINOR = 42						
SOLD		07/25/2014	93775.73					
ACQ	2289.0000	05/08/2014	93775.73	108026.09	-14250.36	0.00	ST	Y
16681.0000 XILINX INC COM*		983919101 - MINOR = 42						
SOLD		07/25/2014	583635.63					
ACQ	16681.0000	05/08/2014	583635.63	767550.07	-103894.39	0.00	ST	Y

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STATEMENT OF CAPITAL GAINS AND LOSSES
KENEDY, JOHN 3 JR CHAR TRUST

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TRUST YEAR ENDING 04/30/2015

TAX PREPAYER 45
TRUST ADMINISTRATOR 16
INVESTMENT OFFICER 338

LEGEND: F - FEDERAL S - STATE I - INHERITED
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	MARKET DISCOUNT	TERM NC
19966 0000 TYCO INTERNATIONAL LTD - 489128104 - MINOR = 44							
SOLD		07/31/2014	871195.13				
ACQ	19966.0000	11/20/2013	671195.13	750134.60	171060.53	0.00	ST C
2667 0000 TYCO INTERNATIONAL LTD - 489128104 - MINOR = 44							
SOLD		07/31/2014	110271.71				
ACQ	2667.0000	11/20/2013	115171.71	100200.74	16170.92	0.00	ST C
TOTALS			20808336.28	18613223.71			

SUMMARY OF CAPITAL GAINS/LOSSES

FEDERAL	SHORT TERM	LONG TERM 25%	LONG TERM	LT WASH SALE	LT WASH SALE	1250 GAIN
NONCOVERED FROM ABOVE	0.00	0.00	1864701.07	0.00	0.00	0.00*
COVERED FROM ABOVE	-495782.84	0.00	685289.34	0.00	0.00	
COMMON TRUST FUND	0.00	0.00	0.00			0.00
CAPITAL GAIN DIVIDEND	0.00	0.00	7046052.84			0.00
	-495782.84	0.00	4595043.25	0.00	0.00	0.00*

STATE						
NONCOVERED FROM ABOVE	0.00	0.00	1864701.07	0.00	0.00	0.00*
COVERED FROM ABOVE	-495782.84	0.00	685289.34	0.00	0.00	
COMMON TRUST FUND	0.00	0.00	0.00			0.00
CAPITAL GAIN DIVIDEND	0.00	0.00	7046052.84			0.00
	-495782.84	0.00	4595043.25	0.00	0.00	0.00

* - 1250 GAIN DETAILED ON TRANC PAGES, NOT ABOVE

CAPITAL LOSS CARRYOVER

FEDERAL	0.00	0.00
TEXAS	N/A	N/A