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Form **990-PF**

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

2016

OMB No 1545-0052

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

	lendar year 2016 or t	ax year beginnin	g	, 2016	, and ending		,	ion to 1 upino moposito
	foundation					A	Employer identification nu	mber
	ON CHARITABLE and street (or P O box number		eddress)	Room/suite	В	20-7535967 Telephone number (see inst	ructions)	
	HEMLOCK HOLLO					Ľ	(914) 238-80	
	wn, state or province, country	, and ZIP or foreign pos	ital code		10514	С	If exemption application is	nending check here
	PAQUA eck all that apply	Initial return	ī	Initial return of a form	10514	1		
G OII	cox all triat apply	Final return		Amended return	er public charity	D	1 Foreign organizations, che	eck here
		Address chang	ge i	Name change			2 Foreign organizations me	
H Ch	eck type of organization			(c)(3) exempt private for	undation	1	here and attach computat	ion ▶ [
	Section 4947(a)(1)	nonexempt charit	able tru	st Other taxable p	rivate foundation	E		
I Fair	market value of all assets	at end of year	J Acc	counting method X C	ash Accrual		under section 507(b)(1)(A), check here P
(<i>1101</i>	m Part II, column (c), line 1		/O= # /	Other (specify)		F	If the foundation is in a 60	
Part		, 610.	(Part I,	column (d) must be on o	casn basis)	<u> </u>	under section 507(b)(1)(B), check here
			ın	(a) Revenue and	(b) Net investmer	nt	(c) Adjusted net	(d) Disbursements for charitable
	Expenses (The columns (b), (c), a sanly equal the an	nd (d) may not ne	ces-	expenses per books	income		income	purposes
	(see instructions)		a)					(cash basis only)
		its etc., received (attach schi						
	2 Check ► X if the fo	undation is not required to at	tach Sch B	34, 25			,	`
	3 Interest on savings and	temporary cash investments		654.	65	54.	PROF	2
	4 Dividends and interest for 5 a Gross rents • • •	om securilies • • • • •	• • • •	31,793.	31,79	93.	一一一人にした!	ASD :
	b Net rental income				3, 5*,		S UCT Ne	-
R	or (loss) 6 a Net gain or (loss) from s	ale of assets not on line 10		57,636.	±-6a Stmt		1 12 OCT 118	2 017 9
E	b Gross sales price for assets on line 6a	rall co	449.		* 3 Sais	~	OGDEN	
Ē	7 Capital gain net inci	ome (from Part IV, line 2	2)	2 Ac. 1977	57,63	36.		
N U	Net short-term capi Income modification	algain		* ***			44,096.	400,000
Ĕ	10 a Gross sales less returns and	1			***			
	allowances							
	b Less Cost of goods sold				, 🤏 🤌			
	C Gross profit or (loss) (all		• • • •		*	<	«	7% y & 1 4 · · · ·
	11 Other income (attack See Line 11 St			79.	_	70.		
		through 11		90,162.	90,15		44,096.	
٠,	13 Compensation of of	ficers, directors, trustee	s, etc .					
		alaries and wages						
	15 Pension plans, emp 16a Legal fees (attach s	loyee benefits						
A D M		ach sch)						
M I N		(attach sch)					1	
	17 Interest							1
P S T R	1 '	(see instrs) See Line.	18 Stmt	472.		1.		
A A	19 Depreciation (attach schedule) and deple	etion						
N A	20 Occupancy						-	
GE		, and meetings						
A E N X D P	22 Printing and publica 23 Other expenses (att	tions			<u></u>			
E	1	STMENT EXPE	NSES	331.	33	31.		
S	24 Total operating an	d administrative		-				
S	expenses Add line 25 Contributions, gifts, gran	s 13 through 23 ts paid		803.	33	32.	1,	240 450
	26 Total expenses an			243,950.	<u> </u>		+	240,450
	Add lines 24 and 25	 .		244,753.	33	32.		240,450
	27 Subtract line 26 from a Excess of revenue				, , , , , , , , , , , , , , , , , , , ,			
		over expenses		-154,591.				
	b Net investment inc	ome (if negative, enter	-0-)		89,82	21.		
		ne (if negative, enter -0-)				44,096.	
	or Panonyork Poduc							

Pai	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	fyear
	···	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	8,758.	81,589.	81,589.
	2	Savings and temporary cash investments			
	3	Accounts receivable	=	=	-
		Less allowance for doubtful accounts			
	4	Pledges receivable			
	_ ا	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
ŝ		Less allowance for doubtful accounts			
A S S E T	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
S		a Investments — U.S. and state government obligations (attach schedule)			
	1	b Investments — corporate stock (attach schedule)			
	(c Investments — corporate bonds (attach schedule)			
	11	Investments land, buildings, and equipment basis	the course of th	a supplied the supplied to the	
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule) L-13 Stmt	1,122,769.	895,815.	779,846.
	14	Land, buildings, and equipment basis	 	in a facility of the same	
		Less accumulated depreciation (attach schedule)			
	15 16	Other assets (describe L-15 Stmt) Total assets (to be completed by all filers —	11,646.	11,175.	11,175.
	ļ	see the instructions Also, see page 1, item I)	1,143,173.	988,579.	872,610.
Ļ	17	Accounts payable and accrued expenses			
A B	18	Grants payable			****
B	19	Deferred revenue			
L	20	Loans from officers, directors, trustees, & other disqualified persons	0.		
ł T	21	Mortgages and other notes payable (attach schedule)			, ,, ,, ,, ,,
I E S		Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.		* * * :
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F E U T N	24	Unrestricted			
TN	25	Temporarily restricted			*
A D	26	Permanently restricted			*
A S S A E L T A		Foundations that do not follow SFAS 117, check here . • X and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds			243 4854
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund			\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
O E	29	Retained earnings, accumulated income, endowment, or other funds	1,143,173.	988,579.	gial distant
R S	30	Total net assets or fund balances (see instructions)	1,143,173.	988,579.	Karaman an i
	31	Total liabilities and net assets/fund balances (see instructions)	1,143,173.	988,579.	3
Par	t III	Analysis of Changes in Net Assets or Fund Balance	1,140,110.	300,373.	<u> </u>
1	Total	net assets or fund balances at beginning of year - Part II, column (a	a), line 30 (must agree w	vith	
^	end-d	of-year figure reported on prior year's return)		1	1,143,173.
2		r amount from Part I, line 27a			-154,591.
3 4		Increases not included in line 2 (itemize)		3	
5		lines 1, 2, and 3 · · · · · · · · · · · · · · · · · ·			988,582.
6		ases not included in line 2 (itemize) NONDEDUCTIBLE I		5	3.
	Jolai	net assets or fund balances at end of year (line 4 minus line 5) - Pa	iπ II, column (b), line 30	6	988,579.

	Toubitti oamo ana i	Losses for Tax on Investme	nt income				
	(a) List and describe 2-story brick wareho	the kind(s) of property sold (e g , rea use, or common stock, 200 shares N	l estate, ILC Company)	(b) How acq P — Purch D — Dona	ase	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a C	ALL AAPL INC 125 E	XP 6/17/16		P		09/16/15	01/27/16
b _C7	ALL CVS 100 EXP 01	/20/17		P		09/16/15	01/29/16
	ALL FORD 16.75 EXP		·	P		09/16/15	02/04/16
	ALL CVS 115 EXP 01	/20/17	· · · · · · · · · · · · · · · · · · ·	P		09/16/15	06/06/16
e Se	e Columns (a) thru (d)	r		Ĺ			<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal	e		(h) Gain or (e) plus (f) mi	nus (g)
a	4,085.			200.			3,885.
<u>b</u>	15,419.			0.			15,419.
c_	12,712.			0.			12,712.
d	5,050.			0.			5,050.
e	See Columns (e) thru (h)			2,613.			20,570.
		ng gain in column (h) and owned by t				(I) Gains (Co	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of coi (i) over col (j), if any			ain minus col (k), b an -0-) or Losses (fr	om col (h))
a							3,885.
b_							15,419.
c							12,712.
d							5,050.
е	See Columns (i) thru (l)						20,570.
2 Ca	pital gain net income or (net o	capital loss) [If gain, also If (loss), en	enter in Part I, line 7 er -0- in Part I, line 7		2		57 , 636.
lf g	gain, also enter in Part I, line 8 Part I, line 8	oss) as defined in sections 1222(5) ar B, column (c) (see instructions) If (los Column (c) (see instructions) If	ss), enter -0-		3		44,096.
	4040(d)(0)						
Was the		on 4942 tax on the distributable amo	• • •	eriod?		Yes	X No
Was the If 'Yes,' t	foundation liable for the secti he foundation does not qualif	on 4942 tax on the distributable amo y under section 4940(e) Do not com	plete this part			Yes	X No
Was the If 'Yes,' t	foundation liable for the secti he foundation does not qualif ter the appropriate amount in	on 4942 tax on the distributable amo y under section 4940(e) Do not com each column for each year, see the	plete this part instructions before making a				X No
Was the If 'Yes,' the 1 En	foundation liable for the secti he foundation does not qualif	on 4942 tax on the distributable amo y under section 4940(e) Do not com	plete this part	ny entries		(d) Distribution (col (b) divided	n ratio
Was the If 'Yes,' the 1 En	foundation liable for the secti he foundation does not qualif ter the appropriate amount in (a) Base period years endar year (or tax year	on 4942 tax on the distributable amo y under section 4940(e). Do not com each column for each year, see the (b). Adjusted qualifying distributions	plete this part instructions before making a (c) Net value of noncharitable-use ass	ny entries sets		(d) Distribution	n ratio by col (c))
Was the If 'Yes,' the 1 En	foundation liable for the secti he foundation does not qualifi ter the appropriate amount in (a) Base period years endar year (or tax year beginning in)	on 4942 tax on the distributable amo y under section 4940(e). Do not com each column for each year, see the (b)	plete this part instructions before making a (c) Net value of noncharitable-use ass	ny entries		(d) Distribution	n ratio by col (c))
Was the If 'Yes,' the 1 En	foundation liable for the secti he foundation does not qualifiter the appropriate amount in (a) Base period years endar year (or tax year beginning in)	on 4942 tax on the distributable amo y under section 4940(e). Do not comeach column for each year, see the (b). Adjusted qualifying distributions.	nstructions before making a (c) Net value of noncharitable-use ass	ny entries sets 9,439.		(d) Distribution	0.294945 0.322398
Was the If 'Yes,' the 1 En	foundation liable for the secting the foundation does not qualifiter the appropriate amount in (a) Base period years endar year (or tax year beginning in) 2015 2014	on 4942 tax on the distributable amo y under section 4940(e). Do not com each column for each year, see the (b). Adjusted qualifying distributions. 297,729. 203,908. 187,224.	note this part instructions before making a (c) Net value of noncharitable-use ass 1,00 63	ny entries sets 9, 439. 2, 473.		(d) Distribution	0.294945 0.322398 0.282019
Was the If 'Yes,' the 1 En	foundation liable for the secting the foundation does not qualifiter the appropriate amount in (a) Base period years endar year (or tax year beginning in) 2015 2014 2013	on 4942 tax on the distributable amo y under section 4940(e). Do not comeach column for each year, see the (b). Adjusted qualifying distributions.	nete this part (c) Net value of noncharitable-use ass 1,00 63 66	9,439. 2,473. 3,871.		(d) Distribution	0.294945 0.322398 0.282019 0.286499
Was the If 'Yes,' ti 1 En Cale	foundation liable for the secting foundation does not qualifiter the appropriate amount in (a) Base period years endar year (or tax year beginning in) 2015 2014 2013 2012 2011	on 4942 tax on the distributable amo y under section 4940(e) Do not com each column for each year, see the (b) Adjusted qualifying distributions 297,729. 203,908. 187,224. 193,785.	nete this part (c) Net value of noncharitable-use ass 1,00 63 66 67	9,439. 2,473. 3,871. 6,389. 0,384.	2	(d) Distribution	0.294945 0.322398 0.282019 0.286499 0.277324
Was the If 'Yes,' tl 1 En Calc 2 To: 3 Ave	foundation liable for the secting foundation liable for the secting for the secting for the appropriate amount in (a) Base period years endar year (or tax year beginning in) 2015 2014 2013 2012 2011 tal of line 1, column (d)	on 4942 tax on the distributable amo y under section 4940(e) Do not com each column for each year, see the (b) Adjusted qualifying distributions 297,729. 203,908. 187,224. 193,785. 233,059.	plete this part Instructions before making a (c) Net value of noncharitable-use ass 1,00 63 66 67 84	9,439. 2,473. 3,871. 6,389. 0,384.		(d) Distribution	0.294945 0.322398 0.282019 0.286499 0.277324
Was the If 'Yes,' the Calcondition of the Calc	foundation liable for the secting foundation does not qualificate the appropriate amount in (a) Base period years endar year (or tax year beginning in) 2015 2014 2013 2012 2011 tal of line 1, column (d)	on 4942 tax on the distributable amo y under section 4940(e) Do not com each column for each year, see the (b) Adjusted qualifying distributions 297,729. 203,908. 187,224. 193,785. 233,059.	nstructions before making a (c) Net value of noncharitable-use ass 1,00 63 66 67 84 I on line 2 by 5, or by the years	9,439. 2,473. 3,871. 6,389. 0,384.	2	(d) Distribution	0.294945 0.322398 0.282019 0.286499 0.277324 1.463185 0.292637
Was the If 'Yes,' ti 1 En Calc 2 Tot 3 Avenur 4 Ent	foundation liable for the secting foundation does not qualificate the appropriate amount in (a) Base period years endar year (or tax year beginning in) 2015 2014 2013 2012 2011 tal of line 1, column (d)	on 4942 tax on the distributable amo y under section 4940(e) Do not com each column for each year, see the (b) Adjusted qualifying distributions 297,729. 203,908. 187,224. 193,785. 233,059. 5-year base period — divide the tota has been in existence if less than 5 y	nstructions before making a (c) Net value of noncharitable-use ass 1,00 63 66 67 84 I on line 2 by 5, or by the lears	9,439. 2,473. 3,871. 6,389. 0,384.	2	(d) Distribution	0.294945 0.322398 0.282019 0.286499 0.277324 1.463185 0.292637 987,184.
Was the If 'Yes,' the Calcondary of the Calconda	foundation liable for the section he foundation does not qualifiter the appropriate amount in (a) Base period years endar year (or tax year beginning in) 2015 2014 2013 2012 2011 tal of line 1, column (d) erage distribution ratio for the mober of years the foundation ter the net value of noncharitation in the foundation in the	on 4942 tax on the distributable amo y under section 4940(e) Do not com each column for each year, see the (b) Adjusted qualifying distributions 297,729. 203,908. 187,224. 193,785. 233,059. 5-year base period — divide the tota has been in existence if less than 5 y able-use assets for 2016 from Part X	note this part instructions before making a (c) Net value of noncharitable-use ass 1,00 63 66 67 84 I on line 2 by 5, or by the rears	9,439. 2,473. 3,871. 6,389. 0,384.	2 3 4	(d) Distribution	0.294945 0.322398 0.282019 0.286499 0.277324 1.463185 0.292637 987,184. 288,887.
Was the If 'Yes,' the Calcondary of the Calconda	foundation liable for the section he foundation does not qualifiter the appropriate amount in (a) Base period years endar year (or tax year beginning in) 2015 2014 2013 2012 2011 tal of line 1, column (d) erage distribution ratio for the mober of years the foundation ter the net value of noncharitativity line 4 by line 3	on 4942 tax on the distributable amo y under section 4940(e) Do not com each column for each year, see the (b) Adjusted qualifying distributions 297,729. 203,908. 187,224. 193,785. 233,059. 5-year base period — divide the tota has been in existence if less than 5 y able-use assets for 2016 from Part X	nestructions before making a (c) Net value of noncharitable-use ass 1,00 63 66 67 84 I on line 2 by 5, or by the rears	9,439. 2,473. 3,871. 6,389. 0,384.	2 3 4 5	(d) Distribution	n ratio
Was the If 'Yes,' the If 'Yes,' the If 'Yes,' the If Yes,' the If Yes,	foundation liable for the secting the foundation does not qualifiter the appropriate amount in (a) Base period years endar year (or tax year beginning in) 2015 2014 2013 2012 2011 tal of line 1, column (d)	on 4942 tax on the distributable amo y under section 4940(e) Do not come ach column for each year, see the (b) Adjusted qualifying distributions 297,729. 203,908. 187,224. 193,785. 233,059. 5-year base period — divide the total has been in existence if less than 5 y able-use assets for 2016 from Part X	plete this part instructions before making a (c) Net value of noncharitable-use ass 1,00 63 66 67 84 I on line 2 by 5, or by the years	9,439. 2,473. 3,871. 6,389. 0,384.	2 3 4 5 6 7	Distribution (col (b) divided	0.294945 0.322398 0.282019 0.286499 0.277324 1.463185 0.292637 987,184. 288,887.

	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	inst	ructio	ns)		
1 8	a Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter 'N/A' on line 1		T			
	Date of ruling or determination letter (attach copy of letter if necessary — see instructions)			•		
i	b Domestic foundations that meet the section 4940(e) requirements in Part V,	1			1,	796.
	check here Pand enter 1% of Part I, line 27b					
•	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)	<u> </u>				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0.
3	Add lines 1 and 2	3	†	-	1.	796.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	†			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		†		1 -	796.
6	Credits/Payments	Ť	1 -			, , , , .
•	a 2016 estimated tax pmts and 2015 overpayment credited to 2016 6a 3,787.		ł			
	b Exempt foreign organizations — tax withheld at source	1	1			
	c Tax paid with application for extension of time to file (Form 8868)	1				
	d Backup with holding erroneously withheld	!	1			
7	Total credits and payments Add lines 6a through 6d	7		~	3 -	787.
8	Enter any penalty for underpayment of estimated tax. Check here		 		٠,	707.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	+			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	+		1 (991.
11	Enter the amount of line 10 to be Credited to 2017 estimated tax		+-		1,3	<u> </u>
Pai	rt VII-A Statements Regarding Activities	<u></u>	.£			
				*	Yes	No
16	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?			1 a	103	X
t	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes					
	(see Instructions for the definition)?			1 b	.8008.89	X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	!		*		
•	c Did the foundation file Form 1120-POL for this year?			1 c		X
C	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			,		
	(1) On the foundation					l
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$				4 4	Ì
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			A	illia :	١٠
-	If 'Yes,' attach a detailed description of the activities			2	, (} \	X
_	·			ş *	, , ,	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes			3	. ‱	X X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 a		Х
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	If 'Yes,' attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			7.7		;
	By language in the governing instrument, or			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV			7		
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)			 	X	
	NEW YORK		_	*	1	* 's.ing.?
h				,	,	1
L	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G ² If 'No,' attach explanation			8 b	- <u>-</u> -	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4042(1/2) or 4042(1	\/E\		(<u> </u>	3.5
-	for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Part X	₩.		9		X
10	Did any persons become substantial contributors during the tay year? If 'Ves' attach a schedule listing their names					
	and addresses			10		X
BAA				rm 990	-PF (2	

RΔΔ

Form 990-PF (2016) KENYON CHARITABLE	FOUNDATION		20-753	5967 Pa	age 6
Part VII-B Statements Regarding Activiti	es for Which Form	4720 May Be Req	uired (continued)		
5 a During the year did the foundation pay or incur a	•				
(1) Carry on propaganda, or otherwise attempt to	o influence legislation (se	ection 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	n drive?			No	
(3) Provide a grant to an individual for travel, stu	dy, or other similar purpo	ses?	Yes X	No	
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions).	a charitable, etc., organ	zation described	Yes X	No	
(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	charitable, scientific, lite of cruelty to children or ai	rary, or nimals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)—(5), did any of the described in Regulations section 53 4945 or in a (see instructions)?	current notice regarding	disaster assistance		5b	
Organizations relying on a current notice regardi					
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	foundation claim exempt	on from the	Yes	No	
If 'Yes,' attach the statement required by Regula					
6 a Did the foundation, during the year, receive any on a personal benefit contract?				No	
b Did the foundation, during the year, pay premium	ns, directly or indirectly, o	n a personal benefit con	tract?	6 b	X
If 'Yes' to 6b, file Form 8870				N_	ļ* ·
7 a At any time during the tax year, was the foundati b If 'Yes,' did the foundation receive any proceeds				NO ' './'	
Part VIII Information About Officers, D					
and Contractors	irectors, trustees,	roundation Manag	gers, migniy Falu L	inployees,	
1 List all officers, directors, trustees, foundation	on managers and their o	compensation (see inst	ructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense acco	
MARK J KENYON					
ONE HEMLOCK HOLLOW CHAPPAQUA NY 10514	TRUSTEE 1.00	0.	0.		0.
ANN M KENYON					
ONE HEMLOCK HOLLOW	TRUSTEE				
CHAPPAQUA NY 10514	1.00	0.	0.		0.
			<u> </u>		
	İ				
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 – see i	nstructions). If none, e	nter 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense acco	unt, ces
NONE					
				-	
				•	
Total number of other employees paid over \$50,000 .				N	lone
DAA					

<u>Part VIII</u> Information About Officers, Directors, Trustees, Foundation Managers, High and Contractors <i>(continued)</i>	nly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter	NONE.'
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	
Total number of others receiving over \$50,000 for professional services	▶ None
Part IX-A. Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiarles served, conferences convened, research papers produced, etc	Expenses
1 NOT APPLICABLE	
	0.
2	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NOT APPLICABLE	
	0.
2	
All other program-related investments See instructions	
3	
<u> </u>	1
	1
Total. Add lines 1 through 3	▶ None
BAA	Form 990-PF (2016)

Form 990-PF (2016)

BAA

rai	see instructions.)	gii 100110	
1 ,	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes. Average monthly fair market value of securities	1 a	953,466.
	Average of monthly cash balances	1 b	48,751.
	Fair market value of all other assets (see instructions)	1 c	0.
	Total (add lines 1a, b, and c)	1 d	1,002,217.
	Reduction claimed for blockage or other factors reported on lines 1a and	market and	1,002,217.
•	1c (attach detailed explanation)	A SECTION	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,002,217.
•			1,002,217.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	15,033.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	987,184.
6	Minimum investment return. Enter 5% of line 5	6	49,359.
_	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	1 - 1	
rai	and certain foreign organizations check here Tand do not complete this part.)	, rourido	
1	Minimum investment return from Part X, line 6	1 1	49,359.
	Tax on investment income for 2016 from Part VI, line 5	332	13,003.
	Income tax for 2016 (This does not include the tax from Part VI)	<u> </u>	
	Add lines 2a and 2b	2 c	1,796.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	47,563.
4	Recoveries of amounts treated as qualifying distributions		1770031
5	Add lines 3 and 4		47,563.
6	Deduction from distributable amount (see instructions)		1:70001
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		47,563.
	t XII Qualifying Distributions (see instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		_
	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26		240,450.
t	Program-related investments — total from Part IX-B		0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	3 a	
k	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	240,450.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	240,450.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the formula gualifies for the section 4940(e) reduction of tax in those years	oundation	

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1	Distributable amount for 2016 from Part XI,				
2			<u> </u>		47,563.
	Enter amount for 2015 only			0.	
	b Total for prior years. 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2016				
	a From 2011 233,500.				
	b From 2012 194, 400 .				
	From 2013 162, 608 .				
	d From 2014 203, 950.				
	From 2015 298, 200 .				
1	Total of lines 3a through e	1,092,658.			
4	Qualifying distributions for 2016 from Part				
	XII, line 4 \(\\$ 240, 450.				
•	a Applied to 2015, but not more than line 2a			THE STATE OF THE PARTY OF THE P	
!	Applied to undistributed income of prior years (Election required — see instructions)			*	
•	Treated as distributions out of corpus (Election required — see instructions)			¥	>
(Applied to 2016 distributable amount	, «		, , ,	* *
	Remaining amount distributed out of corpus	240,450.	1. *		
5	Excess distributions carryover applied to 2016	47,563.		**: 2.	47,563.
	(If an amount appears in column (d), the same amount must be shown in column (a))	**		2.74	47,303.
	same amount must be snown in column (a))				,
6	Enter the net total of each column as				2.W.X
_	indicated below:				
ŧ	a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,285,545.			
ı	Prior years' undistributed income Subtract line 4b from line 2b	* * *			
	Enter the amount of prior years' undistributed		0.	**	*****
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed				
	· •				* * * * *
•	Subtract line 6c from line 6b Taxable amount — see instructions		0.		**********
	Undistributed income for 2015 Subtract line 4a from			V (2) (*	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
•	line 2a Taxable amount — see instructions			0.	. 34
		, ,	4	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
ī	Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be	, ,			
	distributed in 2017		* *		0.
7	Amounts treated as distributions out of		, , ,	· , *****	'\.
	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election		**	* *	`
	may be required — see instructions)				
8	Excess distributions carryover from 2011 not				
	applied on line 5 or line 7 (see instructions)	185,937.			
9	Excess distributions carryover to 2017.			,	
40	Subtract lines 7 and 8 from line 6a	1,099,608.			
	Analysis of line 9				
	Excess from 2012 194,400.				
	Excess from 2013 162,608.	***************************************		ļ	
	Excess from 2014 203, 950.				
	Excess from 2015 298, 200 .				
- 6	Excess from 2016 240, 450.				

Form 990-PF (2016) KENYON CHARITABLE FOUNDATION

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid	8 410 10	If recipient is an individual,		<u>-</u> [Ι	
Recipient		show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purp	oose of grant or contribution		Amount
Name and address (home or but a Paid during the year	siness)	or substantial contributor				-	
BOWDOIN COLLEGE							
5000 COLLEGE STATION							
	ME 04011		COLLEGE	PROVIDE	OPERATING FU	SOME	200,000
NEWBURGH SAN MIGUEL	110 04011			11101155	01214111110 11		200,000
241 LIBERTY ST							
	NY 12550		SCHOOL	PROVIDE	OPERATING FU	UNDS	5,000
UC BERKELEY FOUNDATION							
2080 ADDISON STREET							
BERKELEY	CA 94720		COLLEGE	PROVIDE	OPERATING F	UNDS	5,000
MENTAL HEALTH ASSOCIATI	ON						
580 WHITE PLAINS RD						- 1	
TARRYTOWN	NY 10591		PUBLIC CHARITY	PROVIDE	OPERATING F	UNDS	750
LEUKEMIA & LYMPHOMA SOC	CIETY					1	
1311 MAMARONECK AVE							0 500
	NY 10605		PUBLIC CHARITY	PROVIDE	OPERATING F	UNDS	2,500
FRIENDS OF NATHANIEL WI	THERELL						
70 PARSONAGE ROAD	от осозо		DIDLIA GUADION	DDOUTDE	ODDDAMING D	INDC	1 000
	CT 06830		PUBLIC CHARITY	PROVIDE	OPERATING F	בעמט	1,000
OVARIAN CANCER RESEARCH 14 PENNSYLVANIA PLAZA, S							
	NY 10122		סוומו זר רעאסזייץ	DBOVIDE	OPERATING F	POINI	5,000
USO	N1 10122		LODDIC CHARITI	FROVIDE	OFERALING I	ONDS	3,000
P.O. BOX 96860							
	DC 20077		PUBLIC CHARITY	PROVIDE	OPERATING F	UNDS	1,000
FIRST TEE METROPOLITAN			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•
3545 JEROME AVENUE							
BRONX	NY 10467		PUBLIC CHARITY	PROVIDE	OPERATING F	UNDS	10,000
See Line 3a statement							
				1			13,700
Total						3 a	243,950
b Approved for future payment		<u> </u>	T				243,330
		[
		•					
Total		1	<u> </u>	1		3 ь	

ter gross amounts unless otherwise indicated				4 b Main E40 E40 as E44	
,	(a) Business code	(b) Amount	(c) Exclu- sion	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions)
Program service revenue	5500		code		
a NOT APPLICABLE			ļ		
b		<u> </u>			
С					
d	<u> </u>				
e	 				
f	1		ļ		
g Fees and contracts from government agencies			ļ <u>.</u>		
Membership dues and assessments					
Interest on savings and temporary cash investments				<u> </u>	
Dividends and interest from securities	ļ		ļ		
Net rental income or (loss) from real estate			ļ	* *	
a Debt-financed property			ļ		
b Not debt-financed property	ļ				
Net rental income or (loss) from personal property			ļ		
Other investment income			<u> </u>		
Gain or (loss) from sales of assets other than inventory			<u> </u>		57,63
Net income or (loss) from special events			ļ		
Gross profit or (loss) from sales of inventory			ļ		
Other revenue	576; 1 · //	* . ;	ļ	· 🐧 ,	
a			<u> </u>		
b	1		<u> </u>		
c	<u> </u>		ļ <u> </u>		
d	<u> </u>				
θ					
Subtotal Add columns (b), (d), and (e)			\$ Vil. 10		57,636
Total. Add line 12, columns (b), (d), and (e)		• • • • • • • • • •		13	57,636
na workshaat in lina 13 instructions to varify coloulation	e \				
			4.5		
rt XVI-B Relationship of Activities to th	e Accompli				
rt XVI-B Relationship of Activities to the No. Explain below how each activity for which in	e Accompli	ed in column (e) of Part	XVI-A c	ontributed importantly to	the
rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which in accomplishment of the foundation's exempt	e Accompli	ed in column (e) of Part	XVI-A c	ontributed importantly to	the uctions)
rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which in accomplishment of the foundation's exempt	e Accompli	ed in column (e) of Part	XVI-A c	ontributed importantly to	the uctions)
Relationship of Activities to the ne No. Explain below how each activity for which in accomplishment of the foundation's exempt	e Accompli	ed in column (e) of Part	XVI-A c	ontributed importantly to	the uctions)
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rt XVI-B Relationship of Activities to the No. Explain below how each activity for which in accomplishment of the foundation's exempt	e Accompli	ed in column (e) of Part	XVI-A c	ontributed importantly to	the uctions)
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rt XVI-B Relationship of Activities to the No. Explain below how each activity for which in accomplishment of the foundation's exempt	e Accompli	ed in column (e) of Part	XVI-A c	ontributed importantly to	the uctions)
Relationship of Activities to the ne No. Explain below how each activity for which in accomplishment of the foundation's exempt	e Accompli	ed in column (e) of Part	XVI-A c	ontributed importantly to	the uctions)
rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which in accomplishment of the foundation's exempt	e Accompli	ed in column (e) of Part	XVI-A c	ontributed importantly to	the uctions)
rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which in accomplishment of the foundation's exempt	e Accompli	ed in column (e) of Part	XVI-A c	ontributed importantly to	the uctions)
accomplishment of the foundation's exempt	e Accompli	ed in column (e) of Part	XVI-A c	ontributed importantly to	the uctions)

	E	xempt Organ	nizations									
de	escribed	ganization directly in section 501(c) political organiza	of the Code (oth	gage in any of the section	the following with a 501(c)(3) organiza	ny other or tions) or in	ganization section 527,				Yes	No
	_	` •		noncharitable	exempt organizatio	n of					<u> </u>	1
	a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash							1 a (1)		x		
										1 a (2)		X
	•	sactions				,			· · · · · · · · · · · · · · · · · · ·	- (-/	_	<u> </u>
			ncharitable exen	not organization	1			<i></i> .		1 b (1)		х
	•			. •	anization				- ⊢	1 b (2)		X
•	•								–	1 b (3)		X
		=	•						+	1 b (4)		X
		-								1 b (5)		X
		-			solicitations					1 b (6)		X
				-	or paid employees				_	1 c		X
d If th	the ansi	wer to any of the a , other assets, or	above is 'Yes,' co services given b	omplete the followy the reporting	owing schedule Co foundation If the fo I) the value of the g	olumn (b) si oundation r	hould always si eceived less th	how the fair m	iarket va t value ii	alue of n		
(a) Line	no	(b) Amount involved	(c) Name	of noncharitable e	exempt organization	(d)	Description of tran	sfers, transaction	is, and sh	naring arran	gement	<u>s</u>
												
						ļ						
												
					_ _	 	_ 					
	_					 						
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	$\neg + \neg$									 -		
ď	escribed	ndation directly or in section 501(c) emplete the follow	of the Code (oth	led with, or relati her than section	ted to, one or more 1 501(c)(3)) or in se	tax-exemp ction 527?	ot organizations			. Yes	s X	No
	(a)	Name of organiza	tion	(b) T	ype of organization		(c) Description	of relation	onship		
				 			· 					
				 								
				 -								
		 -								-		
	Under ne	nalties of peguny I decl	are that I have exami	and this ratius unali	ding accompanying sche-	dulas and state	mosts and to the b	act of my knowled	lan and he	lief it is to io		
O:	correct, a	nd complete Declaration	on of preparer (other t	than taxpayer) is bas	ed on all information of w	hich preparer	has any knowledge	est of my knowled	ge and be	mer, it is true	•	
Sign	/	<i>l</i> a a i	1,							May the this retur		
Here		me)	12	√	09/30/17	T	RUSTEE			preparer (see inst	shown b	elow
	Signatu	re of officer or trustee		/	Date	Titl	е				Yes	No
		Print/Type preparer's n	name	Prepare	er's signature		Date /	Check	Χn	PTIN		
Paid		JERRY MOLI	NARI	1//	y Molin		9/30/1	7 self-employ	ed	P00145	5947	
Prepa	rer	Firm's name	JERRY MOL	INARI, CP	<u> </u>			Fırm's EIN ▶				
Use C	nly	Firm's address	1325 AIRM	OTIVE WAY	, SUITE 280							
			RENO			NV 895	02	Phone no	(775)	324-	<u> 2107</u>	
BAA										Earm 99	n DE /	20161

Name Employer Identification Number 20-7535967 KENYON CHARITABLE FOUNDATION Asset Information: Description of Property CALL AAPL INC 125 EXP 6/17/16 Date Acquired: . 09/16/15 How Acquired ... Purchased Date Sold . . . 01/27/16 Name of Buyer . . . Sales Price . . 4,085. Cost or other basis (do not reduce by depreciation) . . . 200. Sales Expense . . Valuation Method 3,885. Accumulation Depreciation . . . Total Gain (Loss). . . Description of Property CALL CVS 100 EXP 01/20/17 Date Acquired: . Various How Acquired ... Purchased Date Sold . . . 01/29/16 Name of Buyer. . . . 15,419. Cost or other basis (do not reduce by depreciation) . . . 0. Sales Price. . . Sales Expense . . Valuation Method Total Gain (Loss) . . 15, 419. Accumulation Depreciation . . . Description of Property CALL FORD 16.75 EXP 01/20/17 Date Acquired. . Various How Acquired ... Purchased Name of Buyer . . . Date Sold. . . . 02/04/16 Sales Price: . . 12,712. Cost or other basis (do not reduce by depreciation) . . . 0. Sales Expense... Valuation Method 12,712. Accumulation Depreciation . . . Total Gain (Loss) . . Description of Property CALL CVS 115 EXP 01/20/17 Date Acquired . Various How Acquired ... Purchased Date Sold . . . 06/06/16 Name of Buyer . . . Sales Price . . 5,050. Cost or other basis (do not reduce by depreciation) . . . 0. Sales Expense . . Valuation Method 5,050. Accumulation Depreciation . . . Total Gain (Loss) . . Description of Property CALL AAPL 105 EXP 06/16/17 Date Acquired . Various How Acquired ... Purchased **Date Sold** . . . 07/21/16 Name of Buyer . . . Sales Price . . 1,820. Cost or other basis (do not reduce by depreciation) . . . 0. Valuation Method Sales Expense . . Total Gain (Loss) . . 1,820. Accumulation Depreciation . . . Description of Property CALL CVS 120 EXP 01/19/18 Date Acquired . Various How Acquired ... Purchased Date Sold . . . 10/11/16 Name of Buyer . . . Sales Price: . . 4,200. Cost or other basis (do not reduce by depreciation) . . . 0. Sales Expense . . Valuation Method Total Gain (Loss) . . 4,200. Accumulation Depreciation . . . Description of Property CALL CVS 100 EXP 01/19/18 Date Acquired. . Various How Acquired ... Purchased **Date Sold** . . . 11/09/16 Name of Buyer: . . . Cost or other basis (do not reduce by depreciation) . . . 0. Sales Price . . 9,414. Valuation Method Sales Expense . . Total Gain (Loss) . . 9,414. Accumulation Depreciation . . . Description of Property See Net Gain or Loss from Sale of Assets Date Acquired. . How Acquired . . . Date Sold . . . Name of Buyer . . . Sales Price: . . Cost or other basis (do not reduce by depreciation) . . . Sales Expense . . Valuation Method Total Gain (Loss) . . ____ Accumulation Depreciation . . .

Form 990-PF, Part I, Lines 6a Net Gain or Loss from Sale of Assets

Asset Information:
Description of Property CALL FORD 12.75 EXP 01/20/17
Business Code Exclusion Code
Date Acquired Various How Acquired . Purchased
Date Sold 11/14/16 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 7,540. Cost or other basis (do not reduce by depreciation) 0.
Sales Expense Valuation Method
Total Gain (Loss) 7,540 . Accumulated Depreciation
Description of Property CALL AAPL 155 EXP 11/17/17
Business Code Exclusion Code
Date Acquired Various How Acquired . Purchased
Date Sold12/12/16 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 0. Cost or other basis (do not reduce by depreciation) 2,330.
Sales Expense Valuation Method
Total Gain (Loss)2, 330. Accumulated Depreciation
Description of Property KSTONE MULTISTRATEGY LP
Business Code Exclusion Code
Date Acquired Various How Acquired . Purchased
Date Sold Various Name of Buyer
Check Box, if Buyer is a Business
Sales Price 186. Cost or other basis (do not reduce by depreciation) 0.
Sales Expense Valuation Method
Total Gain (Loss)
Description of Property KSTONE ARV LP
Business Code Exclusion Code
Date Acquired Various How Acquired . Purchased
Date Sold Various Name of Buyer
Check Box, if Buyer is a Business
Sales Price 23. Cost or other basis (do not reduce by depreciation) 0.
Sales Expense Valuation Method
Total Gain (Loss) 23 Accumulated Depreciation
Total Gain (Loss) 23 . Accumulated Depreciation
Rusiness Code Evolusion Code
Business Code . Exclusion Code Date Acquired Purchased
Date Acquired Various How Acquired . Purchased
Date Sold Various Name of Buyer. Check Box, if Buyer is a Business
Sales Price 0. Cost or other basis (do not reduce by depreciation) 272.
Sales Expense Valuation Method
Total Gain (Loss) –272. Accumulated Depreciation
Description of Property KSTONE ARV LP
Business Code Exclusion Code
Date AcquiredVarious How Acquired . Purchased
Date SoldVarious Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 0. Cost or other basis (do not reduce by depreciation) 11.
Sales Expense Valuation Method
Total Gain (Loss)11. Accumulated Depreciation

Total

ONE HEMLOCK HOLLOW CHAPPAQUA, NY 10514

1

Form 990-PF, Page 1, Part I, Line 11 Line 11 Stmt

Other income	Rev/Exp Book	Net Inv Inc	Adj Net Inc
KSTONE ARV	29.	29.	
KSTONE MULTISTRATEGY	_41.	41.	
TAX EXEMPT INCOME	9.	0.	-

Form 990-PF, Page 1, Part I, Line 18 Line 18 Stmt

Taxes	_Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
EXCISE TAX	471.	0.		
FOREIGN TAXES	1.	1.		

Total 472. 1.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
CALL AAPL INC 105 EXP 06/16/17	P	09/16/15	07/21/16
CALL CVS 120 EXP 01/19/18	P	09/16/15	10/11/16
CALL CVS 100 EXP 01/19/18	P	09/16/15	11/09/16
CALL FORD 12.75 EXP 01/20/17	P	09/16/16	11/14/16
CALL AAPL IN 155 EXP 11/17/17	P	09/16/16	12/12/16
KSTONE MULTISTRATEGY LP	P	01/05/12	12/31/16
KSTONE ARV LP	P	01/05/12	12/31/16

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
1,820.		0.	1,820.
4,200.		0.	4,200.
9,414.		0.	9,414.
7,540.		0.	7,540.
_ 0.		2,330.	-2,330.
186.		272.	-86.
23.		11.	12.

Total 2,613. 20,570.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (i) thru (I)

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Column (h)	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	gain minus column (k), but not less than -0-) or losses (from column (h))	
			1,820.	
			4,200. 9,414.	
			7,540. -2,330.	
			<u>-86.</u> 12.	
Total			20,570.	

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

any foundation manager or substantial contributor a Paid during the year CATHOLIC SCHOOL REGION OF NE BRONX 2962 HARDING AVENUE BRONX NY 10465 SCHOOL PROVIDE OPERATING FUNDS 2,500. HORIZONS NATIONAL 120 POST ROAD #202 Business X WESTPORT CT 06880 PUBLIC CRRITT PROVIDE OPERATING FUNDS 1,000. SAW MILL RIVER AUDUBON 275 MILLWOOD ROAD CHAPPAQUA NY 10514 PUBLIC CRRITT PROVIDE OPERATING FUNDS 100. MAKING HEADWAY FOUNDATION 115 KING STREET CHAPPAQUA NY 10514 PUBLIC CRRITT PROVIDE OPERATING FUNDS 100. SAINT BALDRICK'S FOUNDATION 1333 SOUTH MAYFLOWER AVE MONROVIA CA 91016 PERSON OF Business X MONROVIA CA 91016 PERSON OF Business X PUBLIC CRRITT PROVIDE OPERATING FUNDS 100. Person or Business X PUBLIC CRRITT PROVIDE OPERATING FUNDS 2,500. PERSON OF Business X PUBLIC CRRITT PROVIDE OPERATING FUNDS 2,500. PERSON OF Business X PROVIDE OPERATING FUNDS 100. SAINT BALDRICK'S FOUNDATION 1333 SOUTH MAYFLOWER AVE BUSINESS X MONROVIA CA 91016 PERSON OF Business X PUBLIC CRRITT PROVIDE OPERATING FUNDS 2,500. PERSON OF Business X MONROVIA CA 91016 PERSON OF Business X BUSINESS X MONROVIA CA 91016 PERSON OF Business X	Recipient Name and address (home or business)	If recipient is an individual, show any relationship to	Foun- dation status of re-	Purpose of grant or contribution	Person or Business Checkbox
CATHOLIC SCHOOL REGION OF NE BRONX 2962 HARDING AVENUE SCHOOL PROVIDE OPERATING FUNDS X		manager or substa nt ial	cipient		Amount
Business X					Person or
BRONX NY 10465 SCHOOL PROVIDE OPERATING FUNDS 2,500. HORIZONS NATIONAL 120 POST ROAD #202 WESTPORT CT 06880 PUBLIC CHARITY PROVIDE OPERATING FUNDS 1,000. SAW MILL RIVER AUDUBON 275 MILLWOOD ROAD CHAPPAQUA NY 10514 PROVIDE OPERATING FUNDS 100. MAKING HEADWAY FOUNDATION 115 KING STREET CHAPPAQUA NY 10514 PROVIDE OPERATING FUNDS 100. SAINT BALDRICK'S FOUNDATION 1333 SOUTH MAYFLOWER AVE MONROVIA CA 91016 PROVIDE OPERATING FUNDS 2,500. JUVENILE DIABETES RESEARCH 26 BROADWAY, 14TH FLOOR SCHOOL PROVIDE OPERATING FUNDS 2,500. Person or Business X PROVIDE OPERATING FUNDS 2,500. Business X PROVIDE OPERATING FUNDS 2,500. Business X					
HORIZONS NATIONAL			SCHOOL	PROVIDE OPERATING FUNDS	
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SAW MILL RIVER AUDUBON 275 MILLWOOD ROAD CHAPPAQUA NY 10514 PUBLIC CHARITY PROVIDE OPERATING FUNDS 100. MAKING HEADWAY FOUNDATION 115 KING STREET CHAPPAQUA NY 10514 PUBLIC CHARITY PROVIDE OPERATING FUNDS 100. SAINT BALDRICK'S FOUNDATION 1333 SOUTH MAYFLOWER AVE MONROVIA CA 91016 PUBLIC CHARITY PROVIDE OPERATING FUNDS 2,500. JUVENILE DIABETES RESEARCH 26 BROADWAY, 14TH FLOOR Person or Business X	120 POST ROAD #202				Business X
275 MILLWOOD ROAD CHAPPAQUA NY 10514 PUBLIC CHARITY PROVIDE OPERATING FUNDS 100. MAKING HEADWAY FOUNDATION 115 KING STREET Business X CHAPPAQUA NY 10514 PUBLIC CHARITY PROVIDE OPERATING FUNDS 100. SAINT BALDRICK'S FOUNDATION 1333 SOUTH MAYFLOWER AVE MONROVIA CA 91016 PUBLIC CHARITY PROVIDE OPERATING FUNDS 2,500. JUVENILE DIABETES RESEARCH 26 BROADWAY, 14TH FLOOR Business X Business X Person or Business X Person or Business X	WESTPORT CT 06880		PUBLIC CHARITY	PROVIDE OPERATING FUNDS	1,000.
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MAKING HEADWAY FOUNDATION 115 KING STREET CHAPPAQUA NY 10514 PUBLIC CRAITY PROVIDE OPERATING FUNDS 100. SAINT BALDRICK'S FOUNDATION 1333 SOUTH MAYFLOWER AVE MONROVIA CA 91016 PUBLIC CRAITY PROVIDE OPERATING FUNDS 2,500. JUVENILE DIABETES RESEARCH 26 BROADWAY, 14TH FLOOR Person or Business X	275 MILLWOOD ROAD				Business X
The provide operating funds The	CHAPPAQUA NY 10514		PUBLIC CHARITY	PROVIDE OPERATING FUNDS	100.
CHAPPAQUA NY 10514 PROVIDE OPERATING FUNDS 100. SAINT BALDRICK'S FOUNDATION Person or 1333 SOUTH MAYFLOWER AVE Business X MONROVIA CA 91016 PUBLIC CHARITY PROVIDE OPERATING FUNDS 2,500. JUVENILE DIABETES RESEARCH Person or 26 BROADWAY, 14TH FLOOR Business X					· · · · · · · · · —
SAINT BALDRICK'S FOUNDATION 1333 SOUTH MAYFLOWER AVE MONROVIA CA 91016 JUVENILE DIABETES RESEARCH 26 BROADWAY, 14TH FLOOR Person or Business X Business X Person or Business X					
1333 SOUTH MAYFLOWER AVE Business X MONROVIA CA 91016 PUBLIC CHARITY PROVIDE OPERATING FUNDS 2,500. JUVENILE DIABETES RESEARCH Person or Business X 26 BROADWAY, 14TH FLOOR Business X			PUBLIC CHARITY	PROVIDE OPERATING FUNDS	
MONROVIA CA 91016 PUBLIC CHARITY PROVIDE OPERATING FUNDS 2,500. JUVENILE DIABETES RESEARCH Person or Business X					·
JUVENILE DIABETES RESEARCH Person or 26 BROADWAY, 14TH FLOOR Business X					
26 BROADWAY, 14TH FLOOR Business X		· · · · · · · · · · · · · · · · · · ·	PUBLIC CHARITY	PROVIDE OPERATING FUNDS	
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NIET VODIC 1000					
NEW YORK NY 10004 PUBLIC CHRIFT PROVIDE OPERATING FUNDS 1,000.			PUBLIC CHARITY	PROVIDE OPERATING FUNDS	
EB RESEARCH PARTNERSHIP Person or Purpose A222					
132 EAST 43RD STREET, SUITE 432 NEW YORK NY 10017 PUBLIC CHARITY PROVIDE OPERATING FUNDS 1,000.	· · ·			DDOUTDE ODEDAMING PURIO	
NEW YORK NY 10017 PROVIDE OPERATING FUNDS 1,000. GETTYSBURG COLLEGE Person or			PUBLIC CHARITY	PROVIDE OPERATING FUNDS	
300 N WASHINGTON STREET Business X					l
GETTYSBURG PA 17325 SCHOOL PROVIDE OPERATING FUNDS 1,000.	~		SCHOOT	PROVIDE OPERATING FUNDS	

Form 990-PF, Page 11, Part XV, line 3a **Line 3a statement** Continued

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year NYU LANGONE MEDICAL CEN 333 E 38TH STREET NEW YORK NY 10016 DAVE URQUHART GROVELAND SCHOOL DISTRICT 19177 CA-120 GROVELAND CA 95321		HOSPITAL INDIVIDUAL PERS	PROVIDE OPERATING FUNDS	Person or Business X 1,000. Person or X Business 3,500.

Total

13,700.

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

	End of Year		
Line 13 - Investments - Other:	Book Value	Fair Market Value	
GOLDMAN SACHS	868,467.	717,503.	
KSTONE ARV LP	- 7,990.	4,429.	
KSTONE MULTISTRATEGY LP	5,144.	4,826.	
KSTONE MULTISTRATEGY LTD	30,194.	53,088.	
Total	895,815.	779,846.	

Form 990-PF, Page 2, Part II, Line 15 Other Assets Stmt

	Beginning	End of Year	
Line 15 - Other Assets:	Year Book Value	Book Value	Fair Market Value
PREPAID TAXES	4,258.	3,787.	3,787.
ADVANCE FOR PREPAID TAXES	7,388.	7,388.	7,388.
Total	11,646.	11,175.	11,175.