**Return of Private Foundation** 

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

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

Department of the Treasury

<u>ir</u>	temai i	Revenue Service Go to www.irs.g	OW/FOITH SUPP TOF INSTR	uctions and the	latest intori	nauon.	pen to rabine inspection
F	or ca	lendar year 2018 or tax year beginning		, 2018, a	and ending		, 20
N	ame of	foundation				A Employer identif	
_	J. 1	KENT MCNEW FAMILY FOUNDATION	INC.			82-318860	00
N	umber	and street (or P O box number if mail is not delivered to	street address)	F	Room/suite	B Telephone numb	er (see instructions)
_		. BOX 6516				(410) 5	71-8522
صور	ity or to	own, state or province, country, and ZIP or foreign posta	l code	-			/
2315						C If exemption applic pending, check here	ation is
		APOLIS, MD 21401					
€A_C	Che	ck all that apply Initial return	Initial return	of a former pu	blic charity	D 1. Foreign organiza	itions, check here
-		Final return	Amended re	turn		2 Foreign organiza	
R R		X Address change	Name chang	е	nil	85% test, check computation	here and attach
<	Che	ck type of organization X Section 501(	c)(3) exempt private t	foundation	74		
	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr	nvate foundation	on /	L '	on status was terminated
i Li			unting method X C	ash Accr	ual		s in a 60-month termination
	end	,	ther (specify)			1	o)(1)(B), check here . >
12	16)		column (d) must be on ca	ish basis )		-	
		Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
V	)	total of amounts in columns (b), (c), and (d)	expenses per	(b) Net inves	I .	(c) Adjusted net income	for charitable purposes
		may not necessarily equal the amounts in column (a) (see instructions) )	books				(cash basis only)
-	1	Contributions, gifts, grants, etc , received (attach schedule) .	29,600				
	2	Check If the foundation is not required to attach Sch B.					
	3	Interest on savings and temporary cash investments.					
	4	Dividends and interest from securities					
	5a	Gross rents					-
		Net rental income or (loss)					
4	1	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
Š	7	Capital gain net income (from Part IV, line 2) .			0.		
ď	8	Net short-term capital gain					
	9	Income modifications				,	
	10 a	Gross sales less returns and allowances					
	l b	Less Cost of goods sold .					
	1	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	29,600.		0.		
-	13	Compensation of officers, directors, trustees, etc	0.			-	
ď	14	Other employee salaries and wages					
SU	15	Pension plans, employee benefits					
ů	16a	Legal fees (attach schedule)					
ıμ	Ь	Accounting fees (attach schedule)					
Administrative Expenses	c	<del>-</del>	1			-	
raf	17	Other professional fees (attach schedule) Interest					
Ţ	18	Taxes (attach schedule) (see instructions)	0				
Ę.	19	Depreciation (attach schedile) and deprecion.	Pl				
Ę	20	Occupancy O	X				
pue	22	Printing and publications GUEN; UT					
2	23	Other expenses (attach schedule)					
÷	24	Total operating and administrative expenses.					
7		Add lines 13 through 23	0.	·			
Č	23 24 25	Contributions, gifts, grants paid	28,310	•			28,310
•	26	Total expenses and disbursements Add lines 24 and 25	28,310				28,310
_	27	Subtract line 26 from line 12					
	1	Excess of revenue over expenses and disbursements	1,290	<u>.                                    </u>			
		Net investment income (if negative, enter -0-)			0.		
		Adjusted net income (if negative, enter -0-).					

Part II		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of year		
4		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value	
ı	1 (	Cash - non-interest-bearing		1,290.	1,290.	
		Savings and temporary cash investments		· <del>-</del>		
- 1		Accounts receivable >				
		Less allowance for doubtful accounts ▶				
ł		Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
1		Grants receivable				
		Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
İ	7 (	Other notes and loans receivable (attach schedule)				
	1	_ess_allowance for doubtful accounts ▶				
ş		Inventories for sale or use				
ssets		Prepaid expenses and deferred charges	1			
		investments - U.S. and state government obligations (attach schedule).				
	b I	nvestments - corporate stock (attach schedule)				
		nvestments - corporate bonds (attach schedule),				
	11	nvestments - land, buildings, and equipment basis				
İ	1	Less accumulated depreciation (attach schedule)				
-		nvestments - mortgage loans				
- 1		nvestments - other (attach schedule)				
	14	Land, buildings, and			_	
ı	1	Less accumulated depreciation				
		Other assets (describe >				
		Total assets (to be completed by all filers - see the				
		nstructions Also, see page 1, item l)		1,290.	1,290.	
П		Accounts payable and accrued expenses				
1		Grants payable	1			
- 1		Deferred revenue	[ ]			
:≣I		Loans from officers, directors, trustees, and other disqualified persons				
恴		Mortgages and other notes payable (attach schedule)				
1		Other liabilities (describe				
1		,				
	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow SFAS 117, check here				
ces		and complete lines 24 through 26, and lines 30 and 31.				
일	24	Unrestricted				
aga	25	Temporarily restricted				
	26	Permanently restricted				
Ĕ	1	Foundations that do not follow SFAS 117, check here				
드	;	and complete lines 27 through 31.				
Net Assets or Fund Balan	27	Capital stock, trust principal, or current funds		1,290.		
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds				
۲	30	Total net assets or fund balances (see instructions)		1,290.		
S	31	Total liabilities and net assets/fund balances (see	=			
		instructions)	0.	1,290.		
P		Analysis of Changes in Net Assets or Fund Bala	ances			
		net assets or fund balances at beginning of year - Part		must agree with		
		of-year figure reported on prior year's return)		l l	0.	
2		r amount from Part I, line 27a			1,290	
4		lines 1, 2, and 3			1,290.	
5		reases not included in line 2 (itemize) ▶		5		
6		I net assets or fund balances at end of year (line 4 minus	s line 5) - Part II, column (	b), line 30 6	1,290.	

Page	3
raye	J

(a) List and de	s and Losses for Tax on Invescribe the kind(s) of property sold (for orick warehouse, or common stock, 20	example, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a					
_ <b>b</b>			<u> </u>		
<u>.c</u>					
d e			<del> </del>		
	(f) Depreciation allowed	(g) Cost or other basis	<del> </del>	(h) Gain or (lo	ss)
(e) Gross sales price	(or allowable)	plus expense of sale	ļ	((e) plus (f) minu	
<u>a</u>			<del> </del>		·
<u>b</u>		<del> </del>	<del> </del>		
d d					<del>- · · ·</del>
e					
	showing gain in column (h) and owne	d by the foundation on 12/31/69	(1)	Gains (Col (h) ga	ain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	han -0-) <b>or</b>
a					
b			ļ		
c			<del> </del>		
d			<del> </del>	<del></del> .	<del></del>
	gain or (loss) as defined in section		2		
Part I, line 8	· · · · · · · · · · · · · · · · · · ·	educed Tax on Net Investment	3		
"Yes," the foundation does	n't qualify under section 4940(e)			<u> </u>	Yes X
(a)	1	ear, see the instructions before make	ing any er	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2017			<del>                                     </del>	(50) (5) (1)(652 5)	00. (0))
2016					
2015					
2014					
2013			ļ <u>.</u>		
					_
			2	· <del>-</del>	0.
_	•	ide the total on line 2 by 5 0, or by			
the number of years the	e foundation has been in existence	e if less than 5 years	3_		
Enter the net value of r	oncharitable-use assets for 2018	from Part X, line 5	4		<del></del>
Multiply line 4 by line 3			5		
Enter 1% of net investr	nent income (1% of Part I, line 27t	))	6		
Add lines 5 and 6			7		<del></del> .
Enter qualifying distribu	itions from Part XII line 4		8		28,310.
If line 8 is equal to or Part VI instructions	greater than line 7, check the bo	x in Part VI, line 1b, and complete		· · · · · · · · · · · · · · · · · · ·	x rate. See t
A 1430 1 000				Form	990-PF (20
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_	t VI · Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru		3) 5)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			<del></del>	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check					
	here $\blacktriangleright$ $X$ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			•	
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				
3	Add lines 1 and 2			0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	_		0.	
6	Credits/Payments				
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a				
b	Exempt foreign organizations - tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d			0.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.	
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
1	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶ 11				
Par	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No	
	participate or intervene in any political campaign?	1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	instructions for the definition	_1b_		. 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	-			
С	Did the foundation file Form 1120-POL for this year?	1c		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	[ [			
	(1) On the foundation ►\$ (2) On foundation managers ►\$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers > \$			v	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>	
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			v	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X	
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5			
_	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	ĺĺ			
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		Х		
_	conflict with the state law remain in the governing instrument?	6	$-\frac{x}{x}$		
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		_	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions MD,				
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	0.	х		
	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	8b		_	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"			x	
	complete Part XIV	9		<del></del>	
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10	Х		
	names and addresses	10		l.	

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018? Form 990-PF (2018)

3h

4a

	990-PF (2016) U. KENT FICKEN							age o
Pai	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Requ	uired (cont	inued)			
5a	During the year, did the foundation pay or incur any amount	unt to					Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No								
	(2) Influence the outcome of any specific public elec-	ction (see section 4	955), or to carry on	,				
	directly or indirectly, any voter registration drive?			Yes	X No			
	(3) Provide a grant to an individual for travel, study, or of	her similar purposes?		Yes	X No			
	(4) Provide a grant to an organization other than a				_			
	section 4945(d)(4)(A)? See instructions			1 1	X No	İ		
	(5) Provide for any purpose other than religious, ch					ŀ		
	purposes, or for the prevention of cruelty to children				X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the				scribed in			i
	Regulations section 53 4945 or in a current notice regard					5b		
	Organizations relying on a current notice regarding disas	ter assistance, check	here		▶			
С	If the answer is "Yes" to question 5a(4), does the							
_	because it maintained expenditure responsibility for the g				X No			
	If "Yes," attach the statement required by Regulations se						İ '	
6a	Did the foundation, during the year, receive any fun-		ectly, to pay premium	ns				
	on a personal benefit contract?				X No	_		
b	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	ct?		6b		X_
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?	Yes	≺ No			
b	If "Yes," did the foundation receive any proceeds or have					7b		L
8	Is the foundation subject to the section 4960 tax on pay							
	remuneration or excess parachute payment(s) during the	vear?		Yes	X No			
Pa	t VIII Information About Officers, Director	rs, Trustees, Fou	ndation Managers	s, Highly P	aid Emp	loyees,		
	and Contractors  List all officers, directors, trustees, and foundati						-	
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contribu	tions to	(e) Expen	se acco	unt.
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee ben and deferred co		other a		
ATC	н 1		0.		0.			0.
					-			
2	Compensation of five highest-paid employees	(other than thos	e included on line	e 1 - see	instructio	ons). If r	one,	enter
	"NONE."			(d) Contribu	itions to			
(a	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee plans and o	benefit	(e) Expen	se acco	unt,
	,	devoted to position		compens		Other a	iiowaiio	
	NONE			<u>-</u>				
					T			
						_		
Tota	I number of other employees paid over \$50,000	<u> </u>	<u> </u>	<u></u> .	<u></u> ▶		0 DE	

## J. KENT MCNEW FAMILY FOUNDATION INC.

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Paid Emplo	oyees,
3 Five highest-paid independent contractors for professional	services. See instructions. If none, enter "NON	E."
(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 service  Part IX-A Summary of Direct Charitable Activities	ces	<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Incli- organizations and other beneficianes served, conferences convened, research papers p		Expenses
1 N/A		
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	e instructions)	
Describe the two largest program-related investments made by the foundation during		Amount
1 NONE		
2		
All other program-related investments. See instructions		
NONE		
NONE		}
Total Add lines 1 through 3		

J. KENT MCNEW FAMILY FOUNDATION INC. 82-3188600 Form 990-PF (2018) Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 1a 108. 1h 1c 108. 1d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . . . . . . . . . . . . . . 1e 2 108. 3 3 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 108. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 6 6 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ▶ and do not complete this part ) 1 Minimum investment return from Part X, line 6 . . . . . . . . . . . . . . . 2a Tax on investment income for 2018 from Part VI, line 5 . . . . . . . b Income tax for 2018 (This does not include the tax from Part VI). . 2b 3 3 Distributable amount before adjustments Subtract line 2c from line 1. . . . . . . . . 5 5 6 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, 0. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26. . . . . . . . . . . . . . . . . 28,310. 1a 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 Amounts set aside for specific charitable projects that satisfy the

\_\_\_\_

3a

a Suitability test (prior IRS approval required)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2018)

28,310.

6

82-3188600 J. KENT MCNEW FAMILY FOUNDATION INC. Form 990-PF (2018) Page 9 Undistributed Income (see instructions) Part XIII (b) (c) (d) (a) 2017 2018 Corpus Years prior to 2017 Distributable amount for 2018 from Part XI, 0. 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. . . **b** Total for prior years 20 16 ,20 15 ,20 14 3 Excess distributions carryover, if any, to 2018 a From 2013 . . . . . . b From 2014 . . . . . . c From 2015 . . . . . . d From 2016 . . . . . . e From 2017 . . . . . . 0 f Total of lines 3a through e . . . . . . . . . . . 4 Qualifying distributions for 2018 from Part XII, 28,310. line 4 ▶ \$ a Applied to 2017, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions). . . . . . c Treated as distributions out of corpus (Election required - see instructions) . . . . . . . . . . . d Applied to 2018 distributable amount, . . . . . 28,310. e Remaining amount distributed out of corpus. Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same

	amount must be snown in column (a) )		 	
6	Enter the net total of each column as indicated below:			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	28,310.		
b	Prior years' undistributed income Subtract line 4b from line 2b			
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed			
d	Subtract line 6c from line 6b Taxable amount - see instructions			
е	Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see instructions			
f	Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019			
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 2013 not applied on line 5 or line 7 (see instructions)			
9	Excess distributions carryover to 2019.	28,310.		
	Subtract lines 7 and 8 from line 6a	20,310.	 	
0	, maryone or mine o			
а	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			

Form 990-PF (2018)

e Excess from 2018

28,310.

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Page **1**1

3 Grants and Contributions Baid Dur	ing the Veer A	royed for	Eutura Daymont	<del></del>
3 Grants and Contributions Paid Dur	If recipient is an individual,	Foundation	ruture rayment	· ·
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient	-	
a valuating the year				
ATCH 2				
		,		
	}			
	)			
		1		
			i ·	
•			)	
<del></del>	<u> </u>			28,310.
Total	· · · · · · · · · · · · · · · · · · ·	· · · · · ·		20,310.
<b>b</b> Approved for future payment				
		ĺ	1	
		l		
	1			
		<u> </u>		
		]	1	
Total				

JSA 8E1491 1 000

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Part XVI	-A Analysis of Income-Prod	ucing Act	ivities			
	amounts unless otherwise indicated		ated business income	Excluded b	y section 512, 513, or 514	(e)
-	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
-	i service revenue			<del> </del>		(See manuchons)
				1-		-
	and contracts from government agencies					
2 Member	ship dues and assessments					
3 Interest of	on savings and temporary cash investments -			<u> </u>		
4 Dividend	ds and interest from securities			<u> </u>		
5 Net rent	al income or (loss) from real estate.			<del> </del>		
a Debt	-financed property			<del> </del>		
<b>b</b> Not o	debt-financed property			<u> </u>		
6 Net renta	i income or (loss) from personal property		<u> </u>	<del> </del>	<u> </u>	<del></del> -
	vestment income			<del> </del>	<del> </del>	<del></del>
•	loss) from sales of assets other than inventory			+		<del></del>
	ome or (loss) from special events · · ·	ļ		-		
	rofit or (loss) from sales of inventory					
	venue a	<del></del>		<del> </del>		1
					<del> </del>	
				<del> </del>		
e				-		<del> </del>
	Add columns (b), (d), and (e)					
	dd line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calc  Relationship of Activitie	ulations)				
Line No.  ▼	Explain below how each activit accomplishment of the foundation	-				
<del>-</del>						· <del>···</del>
					·	
	-					
				·	<del></del>	
			<del></del>			
				_		
						- 000 55
JSA						Form <b>990-PF</b> (2018)

JSA 8E1492 1 000

PAGE 12

Part 2	XVII	Information R Exempt Organ		ansfers to and	Transactio	ons and	Relationship	os With None	harit	able	
1 D	ıd the	organization direct	tly or indirectly	engage in any of	the following	with any	other organiza	ition described		Yes	No
ın	sect	on 501(c) (other	than section	501(c)(3) organ	izations) or	ın sectio	n 527, relatin	g to political			
O	rganiza	section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political ganizations?									
a Transfers from the reporting foundation to a noncharitable exempt organization of											
(1	(1) Cash								1a(1)	L	X
(2	2) Othe	er assets							1a(2)		X
<b>b</b> O	ther tr	ansactions									x.
		Sales of assets to a noncharitable exempt organization									
(2	2) Purc	Purchases of assets from a noncharitable exempt organization									
		tal of facilities, equi								-	X
		nbursement arrang									X
-	•	ns or loan guarantee									X
-	-	ormance of service							-		X
		of facilities, equipm								L	X
		nswer to any of th									
		the goods, other									
		any transaction of						<del></del>	•		
(a) Line	no	(b) Amount involved	(c) Name of	noncharitable exempt o	organization		ription of transfers, i	transactions, and sha	nng arra	ingeme	nts
		N/A				N/A					
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	$\dashv$		<del></del>			<del></del>					
			<del> </del>	<del></del>				<del></del>			
_			<del> </del>				<del></del>				
			<del> </del>								
			<u> </u>	<del></del>							
d	escribe	oundation directly ed in section 501(c complete the follo	) (other than se wing schedule	ection 501(c)(3)) or	r in section 52					es X	No
		(a) Name of organization	on	(b) Type o	of organization		(c) D	escription of relation	snip		
				<del> </del>							
				<del> </del>	<del></del>		<del></del>				
				<del>                                     </del>				<del></del>			
				<u> </u>				<del></del>			
	Linder	penalties of perjury, I deci	am that I have over	aread this setum includes	2 2020000000000000000000000000000000000	hodules and i	statements, and to the	a best of my knowled	ne and I	holiof it	ie taio
		and complete Declaration of						B Dest of the knowled	je and t	pener, n	is (iuc
Sign	<b>.</b> .	VENU MONEG		05/15/	2010	DIBEC	TIOD.	May the IR	S discus	s this	retum
Here	<b>'</b>	. KENT MCNEW		05/15/	2019	DIREC	TOR	with the pr			below?
	Sign	ture of officer or trustee		A Date	19/	Title	60	See instruction	ıs X	Yes	No
		per l'il	yen	0/06//	11	1/	0e_	<del></del>			
Paid	$\nearrow$	Print/Type preparer's na		Preparer's signati	ure/	$\sim$ 1	Date	Cireck [] "	PTIN		
		JAMES K DAVIS		Mil	Khil	· VH	2-15-19		P001		<del>1</del> 8
Prepa	L			Y, & KEATING			Fin	m's EIN ▶ 51-0	6099	08	
Use Only Firm's address ▶ 2661 RIVA ROAD, SUITE 1040											

410 974-6161

ANNAPOLIS,

MD

Phone no

21401

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ➤ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization		Employer identification number					
J. KENT MCNEW FAMII	Y FOUNDATION INC.	00 3100600					
Organization type (check or	۵۱	82-3188600					
organization type (check of	6)						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a priva	ate foundation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private for	oundation					
	501(c)(3) taxable private foundation						
•	covered by the General Rule or a Special Rule.	de O verd D to Occ					
note: Only a section 501(c)(instructions	7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule See					
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, co or property) from any one contributor. Complete Parts I and II. See inst contributions						
Special Rules							
regulations under 13, 16a, or 16b, a	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II						
contributor, during literary, or educati	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III						
contributor, during contributions total during the year for General Rule appl	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization tha	t isn't covered by the General Rule and/or the Special Rules doesn't file	e Schedule B (Form 990					

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization J. KENT MCNEW FAMILY FOUNDATION INC.

Employer identification number 82-3188600

Part I	Contributors (see instructions) Use duplicate copie	s of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	P.O. BOX 6516  ANNAPOLIS, MD 21401	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization J. KENT MCNEW FAMILY FOUNDATION INC.

Employer identification number 82-3188600

Part II	Noncash Property (see instructions) Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		     \$	
_			

Name of organization J. KENT MCNEW FAMILY FOUNDATION INC.

Employer identification number 82-3188600

Part III	Exclusively religious, charitable, etc., c (10) that total more than \$1,000 for the	e year from any one cont	r <mark>ibutor.</mark> Con	nplete columns (a) through (e) and
	the following line entry. For organization contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	ear (Enter this information		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			-	
		(e) Transfer of gift		
	Transferee's name, address, and 2		Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and a	ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee

J. KENT MCNEW FAMILY FOUNDATION INC.

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

ATTACHMENT

CONTRIBUTIONS TO EMPLOYEE

BENEFIT PLANS

EXPENSE ACCT AND OTHER ALLOWANCES

COMPENSATION

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

GRAND TOTALS

DIRECTOR

ANNAPOLIS, MD 21401

P.O. BOX 6516 J. KENT MCNEW

ATTACHMENT 1 PAGE 18

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J. KENT MCNEW FAMILY FOUNDATION INC.

FORM 990PF, RART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

82-3188600

ATTACHMENT 2

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ATTACHMENT 2 PAGE 19

AMOUNT	25,000.	. 2000.	500.	.00	. 08	100.
PURPOSE OF GRANT OR CONTRIBUTION	SUPPORT FOR MENTAL HEALTH PROGRAM	CONSERVATION OF NATURAL RESOURCE	WILDLIFE CONSERVATION	CONSERVATION OF WILDLIFE	CONSERVATION OF WILD DUCKS AND HABITAT	COMMUNITY SUPPORT
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PC	NONE . PC .	NONE PC	NONE	NONE PC	NONE PC
RECIPIENT NAME AND ADDRESS	ANNE ARUNDEL MEDICAL FOUNDATION 2001 MEDICAL PARKWAY ANNAPOLIS, MD 21401	CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS, MD 21403	CHESAPEAKE WILDLIFE HERITAGE 1201 PARSON ISLAND RD CHESTER, MD 21619	DEFENDERS OF WILDLIFE 1130 17TH STREET NW, DC 20036	DUCKS UNLIMITED ONE WATERFOWL WAY MEMPHIS, IN 38120	EASTERN SHORE OF VA COMMUNITY FOUNDATION P.O. BOX 205 ONLEY, VA 23418

INC.
FOUNDATION
FAMILY
MCNEW
KENT

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

2018 FORM 990-PF

82-3188600

2/14/2019 7266NW F800

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

HOSPICE OF THE CHESAPEAKE

90 RITCHIE HIGHWAY PASADENA, MD 21122

NONE

PC

NONE

PC

NONE

MARYLAND PUBLIC TELEVISION

ANNAPOLIS, MD 21401

19 HUDSON STREET THE LIGHT HOUSE

11767 OWINGS MILLS BLVD

OWINGS MILLS, MD 21117

PC

NONE

NATIONAL WILDLIFE FEDERATION

2

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PAGE 20 ATTACHMENT 2

SUPPORT FOR PALLIATIVE END OF LIFE CARE PURPOSE OF GRANT OR CONTRIBUTION SUPPORT FOR WILDLIFE AND HABITAT SUPPORT FOR PUBLIC BROADCASTING SUPPORT FOR THE CARE OF ANIMALS SUPPORT FOR THE HOMELESS SUPPORT FOR THE DISABLED

35.

200.

100.

NONE

NONE

SPCA OF ANNE ARUNDEL COUNTY

1815 BAY RIDGE AVENUE

ANNAPOLIS, MD 21403

930 POINT PLEASANT ROAD

GLEN BURNIE, MD 21060

PROVIDENCE CENTER INC

MERRIFIELD, VA 22116

P.O.BOX 1583

S<sub>C</sub>

45.

500.

100.

AMOUNT

INC.
FOUNDATION
FAMILY
MCNEW
KENT
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2018 FORM 990-PF

82-3188600

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE XEAR

2/14/2019 7266NW F800

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PAGE 21 ATTACHMENT 2

AMOUNT ATTACHMENT 2 (CONT'D) SUPPORT FOR THE MONITORING OF WATER QUALITY AND SUPPORT FOR MONITORING ENVIRONMENTAL CHANGES SUPPORT FOR THE PRESERVATION OF LAND ON THE PROMOTION OF PRESERVING THE SEVERN RIVER SUPPORT FOR THE CONSERVATION OF NATURE PURPOSE OF GRANT OR CONTRIBUTION EASTERN SHORE OF VIRGINIA SUPPORT FOR THE POOR RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

200.

100.

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

4245 N, FAIRFAX, SUITE 100

ARLINGTON, VA 22203

THE NATURE CONSERVANCY

NONE

P.

NONE

S S

GLEN BURNIE, MD 21061

511 S, CRAIN HIGHWAY

THE SALVATION ARMY

NONE

NONE

SEVERN RIVER KEEPER

P.O. BOX 6593

EXMORE, VA 23350

VES LAND TRUST

P.O.BOX 1114

ANNAPOLIS, MD 21401

S

NONE

ENVIRONMENTAL DEFENSE FUND

257 PARK AVENUE SOUTH

NEW YORK, NY 10010

2

1,000.

50.

28,310.

TOTAL CONTRIBUTIONS PAID

50.