Department of the Treasury Internal Revenue Service

Return of Private Foundation

2019*6*4

OMB No. 1545-0052

2018

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2018 or tax year beginning Dec 1, 2018, and ending Nov 30, 2019 Name of foundation A Employer identification number Marie Kennedy Foundation 13-3066903 Number and street (or PO box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 98 Little Goose Canyon Rd (203) 769-1870 City or town, state or province, country, and ZIP or foreign postal code C · If exemption application is pending, check here ▶ □ Big Horn WY 82833 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here . Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, ☐ Address change □ Name change check here and attach computation . E If private foundation status was terminated under H Check type of organization: |X| Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here . . . Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation J Accounting method: X Cash Accrual Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here line 16) ▶ \$ (Part I, column (d) must be on cash basis.) 7,813,339. Part Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per purposes (cash basis only) income income books the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► X if the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments 1,713. 1,713. 4 Dividends and interest from securities 191,014. 191,014. 2 FEB SCANNED JAN 2 5a b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . . 122,178. 7 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . Ь Gross profit or (loss) (attach schedule) . C 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 . 192,727. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages . 15 Pension plans, employee benefits L-16a Stmt Legal fees (attach schedule) 129,920. 16a 129,920 Accounting fees (attach schedule) L-1.6b. Stmt. 35,002 35,002. Administrative Other professional fees (attach schedule) L-16c Stmt. 50,002. 50,002 17 Taxes (attach schedule) (see instructions)e. Stmt. 18 2,716. 19 Depreciation (attach schedule) and depletion . . . 20 10,639. 10,639. 21 Travel, conferences, and meetings 1,162. 1,162. 22 Printing and publications Other expenses (attach schedule) See .St.mt. 23 708. 996. 120. 24 Total operating and administrative expenses. 227,433. 230,437. 25 Contributions, gifts, grants paid 241,947. 241,947. 26 Total expenses and disbursements. Add lines 24 and 25 472,384. 120. 469,380. 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-)

Cat No. 11289X

Form 990-PF (2018)

Pa	rt III	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	E	nd o	f year
	(%	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	,	(c) Fair Market Value
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	673,430.	115,20	16.	115,206.
	3	A see that are trade to			12222-72	
	_	Less: allowance for doubtful accounts		, 200 Carlotte & 10 Carlotte	12-1-12-12-12-12-12-12-12-12-12-12-12-12	
	4	Di i i i k			75 X 16	
	-	Less: allowance for doubtful accounts ▶			25.2	
	5	Grants receivable				· · · · · · · · · · · · · · · · · · ·
	· -		}			
	6	Receivables due from officers, directors, trustees, and other	(
	_	disqualified persons (attach schedule) (see instructions)	PROCESSES TO SOME SECTION OF THE CONTRACTOR		ANNE TO	and mirelatoria. The side-make within the
	7	Other notes and loans receivable (attach schedule)				
	1	Less: allowance for doubtful accounts ▶	35,000.		0.	<u> </u>
Assets	8	Inventories for sale or use		···		
SS	9	Prepaid expenses and deferred charges L-10a Stmt				
Ä	10a	Investments – U.S. and state government obligations (attach schedule)	0.	699,10)4.	699,417.
	b	Investments - corporate stock (attach schedule) L-10b Stmt	2,184,525.	2,084,53	34.	3,571,672.
	С	Investments—corporate bonds (attach schedule) L-10c Stmt	640,189.	436,50)4.	462,738.
	11	Investments—land, buildings, and equipment: basis ▶				
	}	Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule) . L-13. Stmt	3,626,855.	3,667,17	13.	2,964,306.
	14	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶		TO SERVICE CHARLES OF THE SERVICE SERV	N. C. C.	
	15	Other assets (describe ▶)			·	
	16	Total assets (to be completed by all filers—see the				
	۱.۰	instructions. Also, see page 1, item I)	7,159,999.	7,002,52	, 1	7,813,339.
	17	Accounts payable and accrued expenses	1,139,999.	1,002,32	<u> </u>	7,013,339.
	18	Grants payable				
Liabilities	19	Deferred revenue				
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons				
ģ	21	Mortgages and other notes payable (attach schedule)				
Ë	22	Other liabilities (describe >				
	23	Total liabilities (add lines 17 through 22)				
	23					
S	ļ	Foundations that follow SFAS 117, check here > 🗵				
ances		and complete lines 24 through 26, and lines 30 and 31.	7 150 000	7 000 50		
	24	Unrestricted	7,159,999.	1,002,52	21.	
Ва	25	Temporarily restricted				
ğ	26	Permanently restricted	<u> </u>			
.≒		Foundations that do not follow SFAS 117, check here ▶ □				
Net Assets or Fund Ba	-	and complete lines 27 through 31.				
S	27	Capital stock, trust principal, or current funds	<u> </u>			
et	28	Paid-in or capital surplus, or land, bldg., and equipment fund	<u></u>	,		
155	29	Retained earnings, accumulated income, endowment, or other funds				
it p	30	Total net assets or fund balances (see instructions)	7,159,999.	7,002,52	21.	
Š	31	Total liabilities and net assets/fund balances (see				
_		ınstructions)	7,159,999.	7,002,52	21.	
	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		Il net assets or fund balances at beginning of year—Part II, colu				7 4 5 6 6 6 6
_		of-year figure reported on prior year's return)			1	7,159,999.
2		er amount from Part I, line 27a			_2_	-279,657.
3		er increases not included in line 2 (itemize) NET CAPITAL G			3	122,179.
4		lines 1, 2, and 3		[4	7,002,521.
5	Dec	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—			5	
	Tota	il net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 30	6	7,002,521.

Part	IV Capital Gains and	d Losses for Tax on Investn	nent Income			
,		nd(s) of property sold (for example, real e use; or common stock, 200 shs MLC Co.		(b) How acquired P—Purchase D—Donation	(c) Date acquire (mo., day, yr	
1a (6000 SHARES BANK O	F AMERICA		P	09/22/201	7 12/20/2018
b :	1666 SHARES CORTEV	Ά		P	12/03/200	8 08/30/2019
c :	<u>1000 SHARES ELI LI</u>	LLY		P	07/17/200	9 08/30/2019
	<u>6000 SHARES BANK O</u>			P	05/20/200	
<u>e</u> :	200,000 CLP POWER	HONG KONG		P	07/03/201	4 11/07/2019
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale) Gain or (loss) plus (f) minus (g))
a	144,532.	 	<u> </u>	152,266.		-7,734
b	49,400.		<u> </u>	15,305.		34,095
Ç	112,956.			33,545.	ļ	79,411
<u>d</u>	163,610.			143,519.	 	20,091
<u>e</u>	200,000.		<u> </u>	203,685.	<u> </u>	-3 , 685
	(i) FMV as of 12/31/69	owing gain in column (h) and owned (j) Adjusted basis as of 12/31/69	(k) Exce	n on 12/31/69. ess of col. (i) ol. (j), if any	col (k), b	s (Col. (h) gain minus ut not less than -0-) or ses (from col. (h))
а						-7,734
b						34,095
С						79,411
d						20,091
е		<u></u>				-3,685
3	If gain, also enter in Pari	If (loss) in or (loss) as defined in sections t I, line 8, column (c). See instru	ictions. If (loss	3):	3	122,178
		e section 4942 tax on the distribution and section 4940(e). Do			base period?	☐ Yes ⊠ No
1		ount in each column for each ye	ar; see the inst	ructions before m	aking any entr	
Cale	(a) Base period years endar year (or tax year beginning li	(b) Adjusted qualifying distribution	Net value	(c) of noncharitable-use a	ussets (co	(d) Distribution ratio (b) divided by col. (c))
	2017	334,8		7,870,4		0.04254
	2016	438,5		7,945,4		0.05519
	2015	403,4		7,673,8		0.05256
	2014	291,9		7,760,8		0.03762
	2013	450,5	69.	8,017,8	397.	0.05619
2	Total of line 1, column (d)			. 2	0.24412
3		o for the 5-year base period—di foundation has been in existence				0.04882
4	Enter the net value of no	ncharitable-use assets for 2018	from Part X, line	e5	. 4	7,380,865
5	Multiply line 4 by line 3				. 5	360,371
6	Enter 1% of net investme	ent income (1% of Part I, line 27t	o)		. 6	3,148
7	Add lines 5 and 6				. 7	363,519
8		ons from Part XII, line 4				469,380
	If line 8 is equal to or green	eater than line 7, check the box i	n Part VI, line 1	ib, and complete	tnat part using	j a 1% tax rate. See t

Part	Excise lax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948—see	<u>instruction</u>	S)				
1a.	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.						
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)						
р							
	here ► 🗵 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-)	0.					
3	Add lines 1 and 2	3,148.					
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	3,148.	EAT 0.22				
6	Credits/Payments:						
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 0.						
b	Exempt foreign organizations—tax withheld at source 6b 0.						
С	Tax paid with application for extension of time to file (Form 8868) . 6c 0.						
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	73.					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9	3,221.					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10	0.					
11	Enter the amount of line 10 to be. Credited to 2019 estimated tax ► Refunded ► 11						
Part	VII-A Statements Regarding Activities	L Separatur	 -				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	CONSCIONAL	No				
	participate or intervene in any political campaign?	1a	<u>×</u>				
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.						
C	Did the foundation file Form 1120-POL for this year?	10	X .535 9704				
đ	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. ► \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	×				
_	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 of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3	×				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	×				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	<u>×</u>				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X				
	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:						
	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 ×					
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 ×	VZastravr.				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.						
_	Wyoming & Delaware						
р	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	3.0					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b ×	Tunger wi				
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,"						
40	complete Part XIV	9	<u>×</u>				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10					
	names and addresses	10	_×_				

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	1		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disquality person had advisory privileges? If "Yes," attach statement. See instructions	ified . 12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applicat	ion? 13	×	
	Website address ► N/A			
14	The books are in care of ▶ Ann McCart, c/o ESC1700 LLC Telephone no. ▶ (2 Located at ▶ 1700 East Putnam Ave, Suite 202 Old Greenwich CT ZIP+4 ▶ 06		1873	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year		,	▶ 🗆
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other author		Yes	No
. •	over a bank, securities, or other financial account in a foreign country?	. 16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name	e of	<i>t</i>	
	the foreign country			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	∛No No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes (5) Transfer any income or assets to a disqualified person (or make any of either available for	No No No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☑ No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions describe Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	ed in 1b		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, were not corrected before the first day of the tax year beginning in 2018?	· 1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a pri operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	vate		
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?	₹No		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942((relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(all years listed, answer "No" and attach statement—see instructions.)	18.2032		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. > 20 , 20 , 20 , 20 .			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	K] No		
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine it foundation had excess business holdings in 2018.)	on or y the se of		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos	ses? 4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardiz charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20			×

Part	VIEE Statements Regarding Activities	S TOP W	mich Form	4/20 F	иау ве н	equire	u (conur	nuea)			
5a	During the year, did the foundation pay or incur	any amo	ount to:						被號	Yes	No
	(1) Carry on propaganda, or otherwise attempt t	-		n (secti	on 4945(e)	12	☐Yes	⊠ No		32 X 28	
	(2) Influence the outcome of any specific public							٠.,٠٠٥			
	area at the first the control of the first o								3.3		
							☐ Yes	⊠ No	1436 305		corc'un's
	(3) Provide a grant to an individual for travel, stu						Yes Yes	X No	182	34.	
	(4) Provide a grant to an organization other than						_	_			
							☐ Yes	⊠ No			
	(5) Provide for any purpose other than religious									***	
	purposes, or for the prevention of cruelty to	children	or animals?				☐Yes	⊠ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	ne trans	actions fail to	o qualif	y under the	excep	tions des	cribed	1	70	34
	in Regulations section 53.4945 or in a current no	tice reg	arding disas	ter assi	stance? Se	e instru	ctions		5b	ا المنات الناط	poderni zasta
	Organizations relying on a current notice regardi	na disa	ster assistan	ce che	ck here			▶ □	17 (7.7)	<i>€38</i>	2590
С	If the answer is "Yes" to question 5a(4), does to										
•	because it maintained expenditure responsibility						□ v				
	· · · · · · · · · · · · · · · · · · ·		_				☐ Yes	∐ No		1	
_	If "Yes," attach the statement required by Regul								1		\$2
6a	Did the foundation, during the year, receive any		-	-							
	on a personal benefit contract?						Yes Yes	⊠ No			
b	Did the foundation, during the year, pay premiur	ns, dire	ctly or indired	ctly, on	a personal	benefit	contract	? .	6b]	_X_
	If "Yes" to 6b, file Form 8870.								1	发 。"	
7a	At any time during the tax year, was the foundation	a party t	o a prohibited	I tax she	elter transac	tion?	Yes Yes	⊠ No	34.2		
b	If "Yes," did the foundation receive any proceed	-					ansactio	າ? .	7b	Van de Stee	*********
8	Is the foundation subject to the section 4960 ta							•	Section 2	M. W. W.	7.47
_	remuneration or excess parachute payment(s) d	urina th	e vear?				□ Vas	X No		*	
Par	VIII Information About Officers, Direct									906	* 5 x 45/8
	and Contractors	, .	ruotees, r	Junua	MOTI WILLIE	igeis,	inginy i	aid L	проу	ces,	
1	List all officers, directors, trustees, and found	lation r	nananere an	ما خام ما		otion C	oo inetri	otions			
<u>'</u> _									· ·		
!_	(a) Name and address	(b) Title	e, and average rs per week	(c) Cor (If n	npensation ot paid,	(d) (Contribution yee benefit	s to plans	(e) Expe		
		(b) Title hou devote	e, and average rs per week ed to position	(c) Cor (If n	npensation	(d) (Contribution	s to plans	(e) Expe	nse acc allowan	
		(b) Title hou devote	e, and average rs per week	(c) Cor (If n	npensation ot paid,	(d) (Contribution yee benefit	s to plans	(e) Expe		
Pet	(a) Name and address	(b) Title hou devote	e, and average rs per week ed to position	(c) Cor (If n	npensation ot paid,	(d) (Contribution yee benefit	s to plans	(e) Expe		
Pet	(a) Name and address	(b) Title hou devote Pres	e, and average rs per week ed to position	(c) Cor (If n	npensation ot paid, ter -0-)	(d) (Contribution yee benefit	s to plans ensation	(e) Expe		ces
Pet	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy	(b) Title hou devote Pres	e, and average rs per week ed to position Ldent 2.00	(c) Cor (If n	npensation ot paid, ter -0-)	(d) (Contribution yee benefit	s to plans ensation	(e) Expe		
Pet 100 L Pau 1121	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149	(b) Title hou devote Presi	a, and average rs per week ed to position adent 2.00 President	(c) Cor (If n	npensation ot paid, ter -0-)	(d) (Contribution yee benefit	s to plans ensation 0.	(e) Expe		ces
Pet 100 L Pau 1121 Joh	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy	(b) Title hou devote Presi	e, and average rs per week ed to position a dent 2.00 President 1.00 President	(c) Cor (If n	opensation of paid, ter -0-)	(d) (Contribution yee benefit	s to plans ensation 0.	(e) Expe		0. 0.
Pet. 100 L Pau 1121 Joh 98 Li	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833	(b) Title hour devote Pres: Vice	e, and average rs per week ed to position a dent 2.00 President 1.00 President 1.00	(c) Cor (If n	npensation ot paid, ter -0-)	(d) (Contribution yee benefit	s to plans ensation 0.	(e) Expe		
Pet. 100 L Pau 1121 Joh 98 Li	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart	(b) Title hour devote Pres: Vice	e, and average rs per week ed to position a dent 2.00 President 1.00 President	(c) Cor (If n	opensation ot paid, ter -0-) 0.	(d) (Contribution yee benefit	s to plans ensation 0. 0.	(e) Expe		0. 0.
Pet 100 L Pau 1121 Joh 98 L Ann 45	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484	(b) Title hou devote Pres: Vice Vice Vice	e, and average rs per week ed to position a dent 2.00 President 1.00 President 1.00 President 1.00 President 1.00	(c) Cor (If n en	on pensation of paid, ter -0-) 0. 0.	(d) (d) emplo and defe	Contribution yee benefit erred compe	s to plans ensation 0.	(e) Expe other a	allowan	0. 0. 0.
Pet. 100 L Pau 1121 Joh 98 Li	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart	(b) Title hou devote Pres: Vice Vice Vice	e, and average rs per week ed to position a dent 2.00 President 1.00 President 1.00 President 1.00 President 1.00	(c) Cor (If n en	on pensation of paid, ter -0-) 0. 0.	(d) (d) emplo and defe	Contribution yee benefit erred compe	s to plans ensation 0.	(e) Expe other a	allowan	0. 0. 0.
Pet 100 L Pau 1121 Joh 98 L Ann 45	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484 Compensation of five highest-paid employe	(b) Title hou devote Pres: Vice Vice Vice	e, and average rs per week ed to position a dent 2.00 President 1.00 President 1.00 President 1.00 President 1.00	(c) Cor (If n en	on pensation of paid, ter -0-) 0. 0.	(d) (d) emplo and defe	Contribution yee benefit erred compe	s to plans ensation 0. 0. 0. uction	(e) Expe other a	allowan	0. 0. 0.
Pet 100 L Pau 1121 Joh 98 L Ann 45	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484 Compensation of five highest-paid employe "NONE."	(b) Title hour devote Press Vice Vice Vice Vice	e, and average rs per week ed to position a dent 2.00 President 1.00 President 1.	(c) Cor (If n en	0. 0. 0. 0. uded on li	(d) (employand defe	Contribution yee benefit irred compe see instr (d) Contrib employee	s to plans on sation O. O. O. uction	(e) Expe other a	one, (0. 0. 0.
Pet 100 L Pau 1121 Joh 98 L Ann 45	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484 Compensation of five highest-paid employe	(b) Title hour devote Press Vice Vice Vice Vice	e, and average rs per week ed to position a dent 2.00 President 1.00 President 1.00 President 1.00 President 1.00 President 1.00 President 1.00	(c) Cor (lf n en	on pensation of paid, ter -0-) 0. 0.	(d) (employand defe	contribution yee benefit erred compe see instr (d) Contrib employee plans and	s to plans ensation O. O. uction:	(e) Experimental (e) (e) Experimental (e	one, (0. 0. 0. enter
Pet 100 L Pau 1121 Joh 98 L Ann 45	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484 Compensation of five highest-paid employe "NONE."	(b) Title hour devote Press Vice Vice Vice Vice	e, and average rs per week ed to position a clent 2.00 President 1.00 President 1	(c) Cor (lf n en	0. 0. 0. 0. uded on li	(d) (employand defe	Contribution yee benefit irred compe see instr (d) Contrib employee	s to plans ensation O. O. uction:	(e) Experimental (e) (e) Experimental (e	one, (0. 0. 0. enter
Pet 100 L Pau 1121 Joh 98 L Ann 45	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484 Compensation of five highest-paid employe "NONE."	(b) Title hour devote Press Vice Vice Vice Vice	e, and average rs per week ed to position a clent 2.00 President 1.00 President 1	(c) Cor (lf n en	0. 0. 0. 0. uded on li	(d) (employand defe	contribution yee benefit erred compe see instr (d) Contrib employee plans and	s to plans ensation O. O. uction:	(e) Experimental (e) (e) Experimental (e	one, (0. 0. 0. enter
Pet. 100 L Pau 1121 Joh 98 Li Ann 45	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484 Compensation of five highest-paid employe "NONE."	(b) Title hour devote Press Vice Vice Vice Vice	e, and average rs per week ed to position a clent 2.00 President 1.00 President 1	(c) Cor (lf n en	0. 0. 0. 0. uded on li	(d) (employand defe	contribution yee benefit erred compe see instr (d) Contrib employee plans and	s to plans ensation O. O. uction:	(e) Experimental (e) (e) Experimental (e	one, (0. 0. 0. enter
Pet. 100 L Pau 1121 Joh 98 Li Ann 45	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484 Compensation of five highest-paid employe "NONE."	(b) Title hour devote Press Vice Vice Vice Vice	e, and average rs per week ed to position a clent 2.00 President 1.00 President 1	(c) Cor (lf n en	0. 0. 0. 0. uded on li	(d) (employand defe	contribution yee benefit erred compe see instr (d) Contrib employee plans and	s to plans ensation O. O. uction:	(e) Experimental (e) (e) Experimental (e	one, (0. 0. 0. enter
Pet. 100 L Pau 1121 Joh 98 Li Ann 45	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484 Compensation of five highest-paid employe "NONE."	(b) Title hour devote Press Vice Vice Vice Vice	e, and average rs per week ed to position a clent 2.00 President 1.00 President 1	(c) Cor (lf n en	0. 0. 0. 0. uded on li	(d) (employand defe	contribution yee benefit erred compe see instr (d) Contrib employee plans and	s to plans ensation O. O. uction:	(e) Experimental (e) (e) Experimental (e	one, (0. 0. 0. enter
Pet. 100 L Pau 1121 Joh 98 Li Ann 45	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484 Compensation of five highest-paid employe "NONE."	(b) Title hour devote Press Vice Vice Vice Vice	e, and average rs per week ed to position a clent 2.00 President 1.00 President 1	(c) Cor (lf n en	0. 0. 0. 0. uded on li	(d) (employand defe	contribution yee benefit erred compe see instr (d) Contrib employee plans and	s to plans ensation O. O. uction:	(e) Experimental (e) (e) Experimental (e	one, (0. 0. 0. enter
Pet. 100 L Pau 1121 Joh 98 Li Ann 45	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484 Compensation of five highest-paid employe "NONE."	(b) Title hour devote Press Vice Vice Vice Vice	e, and average rs per week ed to position a clent 2.00 President 1.00 President 1	(c) Cor (lf n en	0. 0. 0. 0. uded on li	(d) (employand defe	contribution yee benefit erred compe see instr (d) Contrib employee plans and	s to plans ensation O. O. uction:	(e) Experimental (e) (e) Experimental (e	one, (0. 0. 0. enter
Pet. 100 L Pau 1121 Joh 98 Li Ann 45	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484 Compensation of five highest-paid employe "NONE."	(b) Title hour devote Press Vice Vice Vice Vice	e, and average rs per week ed to position a clent 2.00 President 1.00 President 1	(c) Cor (lf n en	0. 0. 0. 0. uded on li	(d) (employand defe	contribution yee benefit erred compe see instr (d) Contrib employee plans and	s to plans ensation O. O. uction:	(e) Experimental (e) (e) Experimental (e	one, (0. 0. 0. enter
Pet. 100 L Pau 1121 Joh 98 Li Ann 45	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484 Compensation of five highest-paid employe "NONE."	(b) Title hour devote Press Vice Vice Vice Vice	e, and average rs per week ed to position a clent 2.00 President 1.00 President 1	(c) Cor (lf n en	0. 0. 0. 0. uded on li	(d) (employand defe	contribution yee benefit erred compe see instr (d) Contrib employee plans and	s to plans ensation O. O. uction:	(e) Experimental (e) (e) Experimental (e	one, (0. 0. 0. enter
Pet. 100 L Pau 1121 Joh 98 Li Ann 45	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484 Compensation of five highest-paid employe "NONE."	(b) Title hour devote Press Vice Vice Vice Vice	e, and average rs per week ed to position a clent 2.00 President 1.00 President 1	(c) Cor (lf n en	0. 0. 0. 0. uded on li	(d) (employand defe	contribution yee benefit erred compe see instr (d) Contrib employee plans and	s to plans ensation O. O. uction:	(e) Experimental (e) (e) Experimental (e	one, (0. 0. 0. enter
Pet. 100 L Pau 1121 Joh 98 Li Ann 45	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484 Compensation of five highest-paid employe "NONE."	(b) Title hour devote Press Vice Vice Vice Vice	e, and average rs per week ed to position a clent 2.00 President 1.00 President 1	(c) Cor (lf n en	0. 0. 0. 0. uded on li	(d) (employand defe	contribution yee benefit erred compe see instr (d) Contrib employee plans and	s to plans ensation O. O. uction:	(e) Experimental (e) (e) Experimental (e	one, (0. 0. 0. enter
Pet. 100 L Pau 1121 Joh 98 Li Ann 45 2	(a) Name and address er M. Kennedy III ittle Goose Canyon Rd, P.O. Box 68 Big Horn WY 82833 l L. Kennedy Crandon Blvd, F1202 Key Biscayne FL 33149 n S. Kennedy ttle Goose Canyon Rd, P.O. Box 632 Big Horn WY 82833 M. McCart Audubon Lane Shelton CT 06484 Compensation of five highest-paid employe "NONE."	(b) Title hour devote Press Vice Vice Vice Vice	e, and average rs per week ed to position a clent 2.00 President 1.00 President 1	(c) Cor (lf n en	0. 0. 0. 0. uded on li	(d) (employand defe	contribution yee benefit erred compe see instr (d) Contrib employee plans and	s to plans ensation O. O. uction:	(e) Experimental (e) (e) Experimental (e	one, (0. 0. 0. enter

Part	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	ployees,
_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
non	е	
		
ota	number of others receiving over \$50,000 for professional services	0
Par	t IX-A Summary of Direct Charitable Activities	
Lis	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
	panizations and other beneficiaries served, conferences convened, research papers produced, etc.	
1	not applicable	
		0
2		
_	······································	
3		
4		
	······	
Par	t IX-B Summary of Program-Related Investments (see instructions)	<u> </u>
	scribe 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		
ΔΙ	other program-related investments. See instructions.	
3	onor program routed intestitions. Get instructions.	
	······································	
	•	
	I. Add lines 1 through 3	0
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Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn fou	ındations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	£	
	purposes:		
а	Average monthly fair market value of securities	1a	4,495,816.
b	Average of monthly cash balances	1b	91,675.
C	Fair market value of all other assets (see instructions)	1c	2,905,773.
d	Total (add lines 1a, b, and c)	1d	7,493,264.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	7,493,264.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	112,399.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,380,865.
6	Minimum investment return. Enter 5% of line 5	6	369,043.
Part		ounda	tions
	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	369,043.
2a	Tax on investment income for 2018 from Part VI, line 5	, "Jul 175	
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	3,148.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	365,895.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	365,895.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	365,895.
Part			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	469,380.
b	Program-related investments—total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1 1	
	purposes	2	·
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	469,380.
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	3,148.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	466,232.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whet	ther the foundation

Part	XIII ' Undistributed Income (see instruction	ons)			
•	,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				365,895.
2 a	Undistributed income, if any, as of the end of 2018: Enter amount for 2017 only			0.	
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2018:				
a	From 2013				
b	From 2014			j	
C	From 2015				
d	From 2016				
e	From 2017				
f	Total of lines 3a through e	20,185.		 	
4	Qualifying distributions for 2018 from Part XII,	20,103.			
	line 4: ► \$ 469,380.				
а	Applied to 2017, but not more than line 2a .			0.	
b	Applied to undistributed income of prior years (Election required—see instructions)		0.		
С	Treated as distributions out of corpus (Election required—see instructions)	123,670.			
d	Applied to 2018 distributable amount				345,710.
е	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)	20,185.			20,185.
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	123,670.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0.		
е	Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see instructions		<u> </u>	0.	
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	123,670.			
10	Analysis of line 9:	123,070.			
a a	Excess from 2014				
a b	Excess from 2015 0.	1	1		
C C	Excess from 2016 0.	{	ļ		
d	Excess from 2017 0 .	1	į		
u e	Excess from 2018	1			
	LAUGSS HUITZUTU 123,070.	L	<u> </u>		rom 222 5 (2016)

Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9)	N/A
1a	If the foundation has received a ruling	or determination	letter that it is a	private operating	· 	
	foundation, and the ruling is effective fo	r 2018, enter the da	ate of the ruling .	🏲		
b	Check box to indicate whether the four	ndation is a private	operating foundat	tion described in se	ection 4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		T .
	income from Part I or the minimum investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	each year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities .				1	
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					ļ
	Subtract line 2d from line 2c					1
3	Complete 3a, b, or c for the					
	alternative test relied upon:		}			
а	"Assets" alternative test-enter:					
	(1) Value of all assets	 		<u></u>		
	(2) Value of assets qualifying under			1		
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed	L		ļ		
С	"Support" alternative test—enter:		}			
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)		<u> </u>	 	ļ	
	(2) Support from general public and 5 or more exempt	}				
	organizations as provided in					
	section 4942(j)(3)(B)(iii)			 		
	an exempt organization)	
	(4) Gross investment income		<u> </u>	 		
Part		on (Complete th	is part only if t	he foundation h	ad \$5.000 or m	ore in assets at
	any time during the year-				,	
1	Information Regarding Foundation					
a	List any managers of the foundation		uted more than 29	% of the total cont	ributions received	by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more th	nan \$5,000). (See s	ection 507(d)(2).)	
	Peter M. Kennedy III, Paul					
b	List any managers of the foundation					arge portion of the
	ownership of a partnership or other e	ntity) of which the	foundation has a	10% or greater int	erest.	
	none					
2	Information Regarding Contribution		•			
	Check here ► ☐ If the foundation					
	unsolicited requests for funds. If the complete items 2a, b, c, and d. See it		gins, grams, etc.,	to individuals or o	rganizations unde	er other conditions,
	The name, address, and telephone n		dross of the perso	n to whom conline	tions should be s	oddronood:
a	The name, address, and telephone m	unibel of email ad	diess of the perso	лі ю многі арріка	ations should be a	iuuresseu.
	See Supplementary Informat	ion Statemen	ıt.			
	The form in which applications should			materials they sho	nild include.	
~	The state of the s		and i and			
С	Any submission deadlines:					
d	Any restrictions or limitations on a	wards, such as b	y geographical a	reas, charitable fi	elds, kinds of in	stitutions, or other
	factors:					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Fut

3. Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount			
Name and address (home or business)	or substantial contributor	recipient	contribution				
a Paid during the year							
Holy Name Catholic Church							
260 East Loucks Street							
Sheridan WY 82801		501(c)3	unrestricted use	5,000.			
St Joseph Indian School							
1301 N Main St							
Chamberlain SD 57325		501(c)3	unrestricted use	1,000.			
Elon University	ŀ			}			
2600 Campus Box	[l			
Elon NC 27244		501(c)3	unrestricted use	5,000.			
Elinor Martin Pregnancy Care	j						
86 Mayflower Ave	4			ŀ			
New Rochelle NY 10801		501 (c) 3	unrestricted use	1,000.			
Society for the Propogation of the Faith							
70 West 36th St 8th floor				1			
New York NY 10018	<u> </u>	501 (c) 3	unrestricted use	2,000.			
St. Anthony-Church on Arch St		, ,		-,			
100 Arch St.]			
Boston MA 02110-1111		501 (c) 3	unrestricted use	2,000.			
School of the Holy Child		, ,	1				
2225 Westchester Ave							
Rye NY 10580		501 (c) 3	unrestricted use	1,000.			
Sisters of Life		, - , -		_,			
38 Montebello Rd			ļ				
Suffern NY 10901		501 (c) 3	unrestricted use	5,000.			
Little Sisters of the Poor		(-, -					
2999 Schurz Avenue	İ		İ				
Bronx NY 10465		501 (c) 3	unrestricted use	3,000.			
See Statement		, , , ,		","			
			1	1			
				216,947.			
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	<u> </u>	L					
	 		▶ 3ε	241,947.			
b Approved for future payment			1	}			
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Total	<u> </u>	L	<u> </u>	 			
Total	 	· · · ·	<u> ▶ 3</u> 1	- 000 PE (2010			

_	t XVI-A Analysis of Income-Producing				·	
nter	gross amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	(6)
		(a)	(b)	(c)	(d)	Related or exempt
		Business code	Amount	Exclusion code	Amount	function income (See instructions.)
1	Program service revenue:			<u> </u>		(000
	a			ļ. — — — —		
	b		<u> </u>	<u> </u>		
	c					
	d		ļ	L		
	e			-		
	f					
	g Fees and contracts from government agen					
2	Membership dues and assessments				·	
3	Interest on savings and temporary cash investme			14	1,713.	
4	Dividends and interest from securities			14	191,014.	
5	Net rental income or (loss) from real estate:					
	a Debt-financed property			L		
	b Not debt-financed property				·	
6	Net rental income or (loss) from personal prop					
7	Other investment income		ļ	ļ		
8	Gain or (loss) from sales of assets other than inver		ļ			
9	Net income or (loss) from special events		ļ			
10	Gross profit or (loss) from sales of inventory .					
11			ļ	ļ		ļ
	b			<u> </u>		
	c					
	d		ļ	 		_
	e					
					102 727	
	Subtotal. Add columns (b), (d), and (e)	دينسيسيس	<u> </u>		192,727.	
13	Total. Add line 12, columns (b), (d), and (e)				13	192,727.
13 See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated	ulations.)				
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities to	ulations.) the Accomplishm	nent of Exemp	ot Purposes	13	192,727.

Part	XVII	Information Organization	Regarding Tran	sfers to and	Transaction	ns and F	Relationships	With N	oncharit	able Ex	empt
a b	in se organ Trans (1) Ca (2) Other (1) Sa (2) Pt (3) Ra (5) La (6) Pe Sharii If the value	ction 501(c) (of izations? fers from the repash ther assets . transactions: ales of assets to urchases of asseental of facilities, eimbursement are oans or loan guarerformance of seen answer to any of the goods, of the goods, of izations?	irectly or indirectly of their than section orting foundation to the continuous form and anoncharitable exects from a noncharitable exects from a noncharitable exects from a noncharitate equipment, or other angements	empt organization assets of the rassets of the rasset sets, other asset sets, other asset sets of the rasset sets, other asset sets of the rasset set sets of the rasset set sets of the rasset sets of the	anizations) or ole exempt or on	ganization	of: of: Column (b) sh	ing to p	oolitical 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	han fair r	× × × × × × x arket
(a) Line		b) Amount involved		haritable exempt or			ription of transfers				
	desc	ribed in section 5	ectly or indirectly a	ection 501(c)(3)			nore tax-exem	pt organi	zations] Yes [× No
b	If "Ye	_ 	following schedule					\ D		<u> </u>	
		(a) Name of organ			pe of organization				n of relations		
Sign Here Paid	Sign	ct, and coinplete, Deci		ed this return, includian taxpayer) is base Date Preparer's slight	d on all information	of which pre cesiden	parer has any knowl	edge Chec	May the IRS with the pre See instruction	e and belief, discuss the parer shown ons. Yes	s return below?
Prep		Firm's name	ESC 1700 LLC	<u> </u>	1-LW2)			<u> </u>	mployed ► 27-546	3150	
Use	Only	Firm's name ► Firm's address ►	1700 E Putna		Suite 202	>		hone no.	- 41-346	,,,,,,,	
BAA			Old Greenwic	:h	C'				For	m 990-P	F (2018)

Marie Kennedy Foundation

Form 990-PF: Return of Private Foundation Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.	Contribution, Grant, Gift, Loan, Scholar		13-3066903 Continuation Statement
Name and Address Information	Form Information	Submission	Restrictions
Dry MCCort		***************************************	•
runi iloar c	Letter	9000	0000
c/o ESC 1700 LLC, 1700 East Putnam Ave, Suite 202)	
Old Greenwich, CT 06870			
amcc@170011c.com			,
203-769-1873			

Form 990-PF: Return of Private Foundation Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

Part XV, Line 3a: Grants and Contribu			 	
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	Amount
a Paid during the year				
Wabash College	Ì	501(c)3	unrestricted use	30,000.
P.O. Box 352			1	
Crawfordsville, IN 47933-0352		İ	<u> </u>	
Portsmouth Abbey School		501(c)3	unrestricted use	30,000.
285 Corys Lane]	
Portsmouth, RI 02871			<u> </u>	
Opportunities for a Better Tomorrow		501(c)3	unrestricted use	1,000.
783 4th Avenue		ļ		
Brooklyn, NY 11232		<u></u>	<u>i </u>	
Nazareth Housing		501(c)3	unrestricted use	2,500.
519 E. 11th Street		l		
New York, NY 10009				
Oratory Church of St. Boniface		501(c)3	unrestricted use	10,000.
109 Willoughby St.	1	ŀ		
Brooklyn, NY 11201	ļ		ļ	
Friends of Turkana, Inc.		501(c)3	unrestricted use	10,000.
165 Court St, PMB#304			}	•
Brooklyn, NY 11201	1		}	
Memorial Sloan Kettering	 	501(c)3	unrestricted use	2,000.
633 Third Avenue, 28th Floor				2,
New York, NY 10017-6706]	
Heights and Hills	<u> </u>	501(c)3	unrestricted use	1,000.
81 Willoughby Street, Suite 302				2,000.
Brooklyn, NY 11201				
Old Stone House	 	501(c)3	unrestricted use	750.
P.O. Box 150613		301 (3/3	diffeserred disc	, 50.
Brooklyn, NY 11215				
St. Joseph High School	 	501(c)3	unrestricted use	20,000.
80 Willoughby Street				
Brooklyn, NY 11201			1	
Society for the Propogation of the Faith	 	501(c)3	unrestricted use	1,000.
70 West 36th St. 8th floor				_,
New York, NY 10018				
Little Sisters of the Poor		501(c)3	unrestricted use	1,000.
2999 Schurz Avenue			}	
Bronx, NY 10465			<u> </u>	
Breukelein Institute		501(c)3	unrestricted use	1,000.
560 11th Street		Ì	1	
Brooklyn, NY 11215	<u> </u>			
St. Vincents Hospital		501(c)3	unrestricted use	1,000.
275 North Street				
Harrison, NY 10528			<u> </u>	
Portsmouth Abbey School		501(c)3	unrestricted use	40,000.
285 Corys Lane				
Portsmouth, RI 02871	<u></u>	<u></u>		
St. Michael the Archangel		501(c)3	unrestricted use	10,000.
P.O. Box 158		1	1	
Kensington, CT 06037-0158		_		

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

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	Amount
a Paid during the year				
Renew & Rebuild		501(c)3	unrestricted use	20,000.
1011 First Avenue, 14th floor]	
New York, NY 10022-4112			1	
Diocese of Bridgeport		501(c)3	unrestricted use	1,000.
P.O. Box 336			1	
Kensington, CT 06037-0336			1	
Mission Committee		501(c)3	unrestricted use	2,000.
1011 First Avenue	1	· ·	1	
New York, NY 10022		<u>l</u>	1_	
Portsmouth Abbey School		501(c)3	unrestricted use	26,768.
285 Corys Lane		}	1	
Portsmouth, RI 02871		1	1	
Portsmouth Abbey School		501(c)3	unrestricted use	5,929.
285 Corys Lane				
Portsmouth, RI 02871	<u> </u>	<u> </u>		
				216,947.

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
2017 form 990 PF	2,716.			
Total	2,716.			

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
fees & misc	996.	120.		708.
Total	996.	120.		708.

Form 990-PF: Return of Private Foundation

Part X, Line 1e, Investment Return Group Reduction Claimed Amount

Explanation Statement

Minimum Investment Return Group Reduction Claimed Amount

MARKET VALUE OF CRUPE INTERNATIONAL A-1 REDEEMABLE PREFERRED SHARES WAS REDUCED BY 10% DUE TO THE ILLIQUID NATURE OF THE SHARES

Additional information from your 2018 Federal Exempt Tax Return

Form 990-PF: Return of Private Foundation

Taxes (1)

Line 18(a)

Itemization Statement

Description	Amount	
2017 form990 pf	2,716.	
Total	2,716.	

Form 990-PF: Return of Private Foundation

Other Expenses (1)

Line 23(a)

Itemization Statement

Description	Amount
CSC filing fee	484.
Wy filing fee	200.
Subscriptions	170.
Non residence tax	120.
other misc	22.
Total	996.

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Part X, Line 1e, Investment Return Group Reduction Claimed Amount

Explanation Statement

Minimum Investment Return Group Reduction Claimed Amount

MARKET VALUE OF CRUPE INTERNATIONAL A-1 REDEEMABLE PREFERRED SHARES WAS REDUCED BY 10% DUE TO THE ILLIQUID NATURE OF THE SHARES

Form 990-PF: Return of Private Foundation Part XIII. Treated As Distribution from Corpus

Explanation Statement

Treated As Distribution from Corpus

Pursuant to Reg. Sec 53.4942 (A) - 3 (d) (2), the Marie Kennedy Foundation hereby elects to apply \$123,670 to corpus.