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## Department of the Treasury

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

LHA For Paperwork Reduction Act Notice, see instructions.

Extended to August 17, 203
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. Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

<u> </u>	ici i i i i	CHGC COLVICO				Coperi to rubile mapeedon.
For	calen	dar year 2014 or tax year beginning		, and ending		
Na	ne of	foundation			A Employer identification	number
_K	EN	NEY FAMILY FOUNDATION,	INC.		52-1907688	
Nur	nber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_5	G:	REENWOOD PLACE			410-484-20	36
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
E	AL'	TIMORE, MD 21208				
G (	Check	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here 🕨 🔲
		Final return	Amended return		2 Foreign organizations me	eting the 85% test
		Address change	Name change		Foreign organizations me check here and attach co	omputation Day test,
<u>H_</u>	_	type of organization: X Section 501(c)(3) ex			E If private foundation sta	
느			Other taxable private founda		under section 507(b)(1)	)(A), check here $ ightharpoonup$
		rket value of all assets at end of year   J Account	<del>-</del>	L Accrual	F If the foundation is in a	· · · · · · · · · · · · · · · · · · ·
			ther (specify)	1	under section 507(b)(1)	)(B), check here $ ightharpoonup$
	\$	1,359,711. (Part I, colu				T (4) -
Pa	art I	The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a) )		moome	moone	(cash basis only)
	1	Contributions, gifts, grants, etc , received	285,180.			
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary	1 7.67	1 7 7		G+ - + + 1
	3	cash investments	1,767.	1,767.		Statement 1
	4	Dividends and interest from securities	13,736.	13,736.		Statement 2
	"."	Gross rents				
	آ ـ ا	Net rental income or (loss)	64,258.	<del></del>		
e	Oa b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 116,674.	04,230.			
Revenue	7	assets on line 6a TTO, 0 7 4 • Capital gain net income (from Part IV, line 2)		64,258.		
Be	8	Net short-term capital gain		04,230.		
ı	9	Income modifications				
	10a	Gross sales less returns				
		Less Cost of goods sold	-			*
		Gross profit or (loss)				
	11	Other income				
	12_	-Total-Add-lines 1, dirough 11	364,941.	79,761.	0.	
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 [	Other employee salaries and wages				
	<b>GE33</b>	Pensionialis, employes benefits				
ses	16a	Legal fees				
pen	b	Accounting fees				
ă	٤	Other professional fees.				
ïve	17	Interest				
trai	18	Taxes Stmt 3	802.	307.	0.	0.
in is	19	Depreciation and depletion				
Ę	20	Occupancy				
Ϋ́Þ	21	Travel, conferences, and meetings				
au	22	Printing and publications	202	2.4		
Ë	23	Other expenses Stmt 4	393.	34.	0.	0.
erat	24	Total operating and administrative	1 105	2.41		
Operating and Administrative Expense	05	expenses. Add lines 13 through 23	1,195. 48,460.	341.	0.	48,460
	25	Contributions, gifts, grants paid	40,400.		-	40,400
	26	Total expenses and disbursements. Add lines 24 and 25	49,655.	341.	. 0.	48,460
	27	Subtract line 26 from line 12.	47,000.	341.		40,400
	1	Excess of revenue over expenses and disbursements	315,286.			
		Net investment income (if negative, enter -0-)	313,200.	79,420.		<del> </del>
	1	Adjusted net income (if negative, enter -0-)			0.	
					, 17.	

p,	Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year		End of year		
			(a) Book Value	(b) Book Value	(c) Fair Market Value		
		Cash - non-interest-bearing	478,413.	429,858.	429,858.		
	2	Savings and temporary cash investments					
	3	Accounts receivable >					
		Less: allowance for doubtful accounts ▶					
	4	Pledges receivable ▶					
		Less: allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
ş	8	Inventories for sale or use			<u></u>		
Assets	9	Prepaid expenses and deferred charges					
⋖	10a	Investments - U.S. and state government obligations			<del></del>		
	b	Investments - corporate stock Stmt 5	286,372.	650,213.	929,853.		
	C	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment basis					
		Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment: basis					
		Less accumulated depreciation					
ļ	15	Other assets (describe ►)					
	16	Total assets (to be completed by all filers - see the					
_		instructions. Also, see page 1, item I)	764,785.	1,080,071.	1,359,711.		
Ì	17	Accounts payable and accrued expenses					
	18	Grants payable					
es	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
룝	21	Mortgages and other notes payable					
_	22	Other liabilities (describe )					
_	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here					
es		and complete lines 24 through 26 and lines 30 and 31.					
ဥ		Unrestricted					
<u>a</u>	25	Temporarily restricted					
9 8	26	Permanently restricted					
5		Foundations that do not follow SFAS 117, check here					
<u>8</u>		and complete lines 27 through 31.					
<u>ا پ</u>	27	Capital stock, trust principal, or current funds	0.	0.			
ίÓ	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
ا <del>ي</del> ا	29	Retained earnings, accumulated income, endowment, or other funds	764,785.	1,080,071.			
ž	30	Total net assets or fund balances	764,785.	1,080,071.			
	0.4	Taket tightitises and not access thread histories	764 705	1 000 071			
	31	Total liabilities and net assets/fund balances	764,785.	1,080,071.	<del></del>		
Pa	art	III Analysis of Changes in Net Assets or Fund Ba	alances				
1	otal	net assets or fund balances at beginning of year - Part II, column (a), line		<u></u> -			
		st agree with end-of-year figure reported on prior year's return)	<del></del>		764,785.		
		r amount from Part I, line 27a		2	315,286.		
		r increases not included in line 2 (itemize)		3	0.		
		lines 1, 2, and 3		4	1,080,071.		
		eases not included in line 2 (itemize)		5	0.		
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1 080 071.		

52-1907688

Page 2

Form **990-PF** (2014)

KENNEY FAMILY FOUNDATION, INC.

Form 990-PF (2014)

7 69,008. 8 48,460.

794.

7 Add lines 5 and 6

See the Part VI instructions.

Enter 1% of net investment income (1% of Part I, line 27b)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

Enter qualifying distributions from Part XII, line 4

	1990-PF (2014) KENNEY FAMILY FOUNDATION, INC. 52-1	<u> 190768</u>	8	Page	<u>4</u>
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see inst	ruct	ions)	_
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)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%		_1_	588	•
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0	
	Add lines 1 and 2		1,	588	•
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0	_
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1.	588	_
	Credits/Payments:				_
	2014 estimated tax payments and 2013 overpayment credited to 2014   6a   11.				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)  6c 1,500.				
	Backup withholding erroneously withheld				
	Total credits and payments. Add lines 6a through 6d		1	511	
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	<del></del>		10	
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			87	<del>,                                     </del>
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				·
	Enter the amount of line 10 to be: Credited to 2015 estimated tax				_
	art VII-A Statements Regarding Activities				_
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Y	es No	<u> </u>
	any political campaign?	18	-	Х	_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	11	$\neg$	X	
٠	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	<u> </u>		<del></del>	_
	distributed by the foundation in connection with the activities		}		
c	Did the foundation file Form 1120-POL for this year?	10	,	x	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	<u> </u>			_
•	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers. $\blacktriangleright$ \$ 0 .				
ρ	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			1	
٠	managers. > \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	.	X	
-	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	,	Х	(
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4:		X	<u> </u>
	olf "Yes," has it filed a tax return on Form 990-T for this year?	<del></del>	-t $-$		_
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	$\neg \neg$	Х	<u> </u>
,	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	;	l x	ζ
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	, ;	K	_
					_
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	MD		-		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation	8	<u>ь</u> :	K	
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	1	0		<u>.                                    </u>

	1990-PF (2014) KENNEY FAMILY FOUNDATION, INC. 52-190	<u>7688</u>		Page <b>5</b>
Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	ĺ		
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► CHARLES S. GOLDBERG Telephone no. ► 410 - 4	84 - 2	036	
	Located at ▶ 5 GREENWOOD PLACE, BALTIMORE, MD ZIP+4 ▶2			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<u> </u>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
	foreign country			
Pa	art 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):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(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	1		
	termination of government service, if terminating within 90 days.)		ļ :	
t	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		ĺ	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
	E Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2014?	10		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5)):			
á	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Yes X No			
	If "Yes," list the years			
ł	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
(	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		T -	
		-		
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
ı	of "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after		1	
•	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			1
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2014)  N/A	3ь		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
	o Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		<b>†</b>	<u> </u>
•	had not been removed from jegopardy before the first day of the tax year beginning in 2014?	4h	1	y

Part VII-B   Statements Regarding Activities for Which F		Poguirod (	52-19076	88	Page 6
	orm 4/20 May be r	requirea (contin	ued)		<del>- 1</del>
5a During the year did the foundation pay or incur any amount to:	10.171.110		I		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		I		
any voter registration drive?	_		8 X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		ŀ
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)		Ye	es 🗶 No		Î
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ıned			
expenditure responsibility for the grant?		T/A 🔲 Y	s No	1	
If "Yes," attach the statement required by Regulations section 53.4945					
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to j					
a personal benefit contract?	ouy promitanto on	□ v.	es X No		
<ul><li>b Did the foundation, during the year, pay premiums, directly or indirectly, on a p</li></ul>	arcanal hanafit contract?		8 LAL 110	6b	x
	ersonal Denemi Comitaci?		-	OD	<del></del> _
If "Yes" to 6b, file Form 8870.	h-u	[ <del></del> ] ,,	(Te).		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y(	es X No		
b If 'Yes,' did the foundation receive any proceeds or have any net income attribu		11: 11		7b	
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highl	У		
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	1 .	1 Funance
(a) Name and address	(b) Title, and average hours per week devoted		(d) Contributions to employee benefit plans and deferred	l acc	) Expense ount, other
(a) hamo and address	to position	(If not paid, enter -0-)	compensation	al	Iowances
See Statement 6		0.	0.		0.
			Ì		
			1		
				1	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE."	l.,,	·	
	(b) Title, and average		(d) Contributions to	(e	) Expense
(a) Name and address of each employee paid more than \$50,000	` 'hours per week '	(c) Compensation	employee benefit plans and deferred	acc	ount, other
NOVE	devoted to position	<del> </del>	compensation	ai	llowances
NONE					
		ļ		<del> </del>	
			1	1	
				<u> </u>	
Total number of other employees paid over \$50,000		1.	<b>•</b>		0

Form 990-PF (2014) KENNEY FAMILY FOUNDATION, INC.	52-1	907688 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundaries Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
' (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant standards of organizations and other beneficiaries served, conferences convened, research papers p	atistical information such as the produced, etc.	Expenses
1 <u>N/A</u>		
2		······································
3		······································
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 48,460. Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income, Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions. Subtract line 5 from line 4 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

Form **990-PF** (2014)

4940(e) reduction of tax in those years.

Form 990-PF (2014) KENNEY FAMIL	Y FOUNDATION	, inc.	52-19	07688 Page 9
Part XIII Undistributed Income (see II	nstructions)			
	(a) Corpus	(b) Years prior to 2013	(c) 2013	( <b>d)</b> 2014
1 Distributable amount for 2014 from Part XI, line 7				51,956.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
<b>b</b> Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
<b>b</b> From 2010				
c From 2011				
d From 2012 26,967.				
e From 2013				
f Total of lines 3a through e	26,967.			
4 Qualifying distributions for 2014 from	•			•
Part XII, line 4: ► \$ 48,460.				
a Applied to 2013, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				48,460.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	3,496.			3,496.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	23,471.			
<b>b</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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	Ì	0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		j		
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				

not applied on line 5 or line 7 9 Excess distributions carryover to 2015.

Subtract lines 7 and 8 from line 6a 10 Analysis of line 9:

IU Allalysis of file 3.
a Excess from 2010
<b>b</b> Excess from 2011
c Excess from 2012
d Excess from 2013
e Excess from 2014
423581 11-24-14

8 1	rom line ba	
- 1	1	
	23,471.	

23	, 47	71	

	FAMILY FOUN			52-19	07688 Page 10
Part XIV Private Operating F	<b>oundations</b> (see ins	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2014, enter the date of t	he ruling	<b>&gt;</b>		
b Check box to indicate whether the found	fation is a private operatin	ig foundation described in	n section	4942(j)(3) or 49	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		_
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					<del></del>
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			*-		
alternative test relied upon:  a "Assets" alternative test - enter:					
(1) Value of all assets			,		
(2) Value of assets qualifying					<u>.</u>
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					<del> </del>
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				1 105 000	<del></del>
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	ore in assets
at any time during t	ne year-see instr	uctions.)			
1 Information Regarding Foundation	-			•	
a List any managers of the foundation wh			ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed r	nore man \$5,000). (See s	ection 507(a)(2) )			
None				<del> </del>	
b List any managers of the foundation wh			or an equally large portion	on of the ownership of a pa	irtnership or
other entity) of which the foundation ha	s a 10% or greater interes	SI.			
None					
2 Information Regarding Contribut					
Check here 🕨 🗶 If the foundation of					
the foundation makes gifts, grants, etc.	·				d.
a The name, address, and telephone num	iber or e-mail address of t	he person to whom appli	cations should be addres	ssed:	
<b>b</b> The form in which applications should l	be submitted and information	tion and materials they sh	rould include:		
c Any submission deadlines:					
— — — — — — — — — — — — — — — — — — —					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	

Total

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

(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
	Amount		Amount	function income
				1.767.
				1,767. 13,736.
		_	-	20,700
	-			······································
	-			
				64,258
		<u> </u>	0.	79,761.
			13	79,761
o the Acco	mplishment of	Fxemn	t Purposes	
		to the Accomplishment of	•	· · · · · · · · · · · · · · · · · · ·

	•••	riolationinp o	. , , , , , , , , , , , , , , , , , , ,	, (0 (1.10 ) (000)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J J. L	sompt i diposos
Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).						
L							
-	THE	FOUNDATION	RAISES	AWARENESS	FOR	LYME	DISEASE
			· <del>_</del> ·				
				_			
				<u> </u>			
	1		<u>_</u>				
	ļ <u>.</u>						
					-		
	<del>                                     </del>						

b If "Yes," co	omplete the following schedule.				
	(a) Name of organization	(b) Type of organization	on	(c) Description of r	elationship
	N/A				
		umined this return, including accompanying schedules ation of preparer (other than taxpayer) is based on all in			May the IRS discuss this return with the preparer shown below (see instr.)?  Yes No
Sigi	nature of officer or trustee	Date /	Title		
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self- employed	PTIN
Preparer Use Only	Firm's name ▶			Firm's EIN ▶	<del>', ,, , , , , , , , , , , , , , , , , ,</del>
	Firm's address ▶			Phone no.	
-				·	Form <b>990-PF</b> (2014

### 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.

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

OMB No 1545-0047

2014

Name of the organizat	tion	Employer identification number
	KENNEY FAMILY FOUNDATION, INC.	52-1907688
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule  X For an organiz	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.  Tation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor.	g \$5,000 or more (in money or
Special Rules		
sections 509(a any one contr	eation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supportance (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a ibutor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount C-EZ, line 1 Complete Parts I and II	, or 16b, and that received from
year, total cor	cation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educate of cruelty to children or animals. Complete Parts I, II, and III	•
year, contribu is checked, er purpose. Do r	ration described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions exclusively for religious, charitable, etc., purposes, but no such contributions totaled in the the total contributions that were received during the year for an exclusively religious to the complete any of the parts unless the <b>General Rule</b> applies to this organization because itable, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box s, charitable, etc ,
<del>-</del>	ion that is not covered by the General Rule and/or the Special Rules does not file Schedule or on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its F	

LHA 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) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

#### KENNEY FAMILY FOUNDATION, INC.

52-1907688

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PHILIP M. KENNEY  2515 BOSTON ST #902  BALTIMORE, MD 21224	\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PHILIP M. KENNEY  2515 BOSTON ST #902  BALTIMORE, MD 21224	\$ <u>175,500.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X 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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

#### KENNEY FAMILY FOUNDATION, INC.

52-1907688

Part II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	See Statement 7		<del></del>
_2			
		<u>\$</u> 175,500.	12/10/14
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	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
u. (			<del>" -</del>
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	
			90, 990-EZ, or 990-PF) (2

P	an	e	4

Name of organ	nization		Employer identification number					
KENNEY	_FAMILY FOUNDATION, INC	1	52-1907688					
Part III	Exclusively religious, charitable, etc., contril the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious,	butions to organizations described i	n section 501(c)(7), (8), or (10) that total more than \$1,000 for					
	Use duplicate copies of Part III if additional	space is needed.	ess for the year (chick this line thice)					
(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	1 ZIP + 4	Relationship of transferor to transferee					
-								
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I -								
-								
	(e) Transfer of gift							
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee					
-								
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(-)	(e, eee er g	(4)					
-								
	(e) Transfer of gift							
	Transferee's name, address, and	d 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, an		Relationship of transferor to transferee					
-								
i i								

Form 990-PF Intere	st on Sav	ings and Tem	porary Cas	sh In	vestments	St	atement	1
Source		(a Reve Per B	nue Ne	et In	(b) vestment come		(c) Adjusted et Income	
HOMEWOOD FEDERAL SUNTRUST SUSQUEHANNA		719. 109. 939.				719 109 939		
Total to Part I, li	ne 3		1,767.		1,767.		1,70	57.
Form 990-PF	Dividen	ds and Inter	est from S	Secur	ities	St	atement	2
Source	Gross Amount	Capital Gains Dividend	Revei	nue	(b) Net Inves ment Inco		(c) Adjuste Net Inco	
SCHWAB SMUCKERS	17,50 35		6. 13	,377. 359.		7.	13,3	77. 59.
To Part I, line 4	17,86	2. 4,12	6. 13	,736.	13,73	6.	13,7	36.
Form 990-PF		Tax	es			St	atement	3
Description		(a) Expenses Per Books	(b) Net Inves ment Inco		(c) Adjusted Net Incom		(d) Charital Purpose	
U.S. TREASURY FOREIGN TAXES	•	495. 307.	;	0. 307.		0.		0.
To Form 990-PF, Pg	1, ln 18	802.	:	307.		0.		0.

Form 990-PF	Other E	xpenses		Statement	4
Description		(b) Net Invest- ment Income	(c) Adjusted Net Incom		
CREDIT CARD FEES OTHER	359. 34.			0.	0.
To Form 990-PF, Pg 1, ln 23	393.	34.		0.	0.
Form 990-PF	Corporat	e Stock		Statement	
Description		Во	ok Value	Fair Marke Value	t
CORPORATE STOCK		<del></del>	650,213.	929,8	53.
Total to Form 990-PF, Part I	I, line 10b		650,213.	929,8	53

	st of Officers, I I Foundation Mana		ement 6	
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense
PHILIP M. KENNEY 5 GREENWOOD PLACE BALTIMORE, MD 21208	PRESIDENT/DIRI	ECTOR 0.	0.	0.
ANDREW M. KENNEY 5 GREENWOOD PLACE BALTIMORE, MD 21208	DIRECTOR 2.00	0.	0.	0.
NORA F. KENNEY 1113 S. ELLWOOD AVE BALTIMORE, MD 21224	DIRECTOR 2.00	0.	0.	0.
G. RICHARD SCHOLL 705 YORK ROAD TOWSON, MD 21204	DIRECTOR 0.00	0.	0.	0.
C. LOUIS KLUG III 5 GREENWOOD PLACE BALTIMORE, MD 21208	DIRECTOR 0.00	0.	0.	0.
CHARLES S. GOLDBERG 5 GREENWOOD PLACE BALTIMORE, MD 21208	DIRECTOR 0.00	0.	0.	0.
Totals included on 990-PF, Page	5, Part VIII	0.	0.	0.

•	•		
KENNEY	${ t FAMILY}$	FOUNDATION,	INC.

52-1907688

Statement 7 Schedule B

1950 SHS. PROCTER & GAMBLE

#### Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

			• • • • • • • • • • • • • • • • • • • •			
If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		•	X
If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of t	this form).		
	omplete Part II unless you have already been granted a				m 8868	
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a corp	oration
	to file Form 990-T), or an additional (not automatic) 3-mor			-		
	ofile any of the forms listed in Part I or Part II with the exc		·		· ·	
	Benefit Contracts, which must be sent to the IRS in pap	•				
	v irs gov/efile and click on e-file for Chanties & Nonprofits		,			•
Part I	Automatic 3-Month Extension of Time		ubmit original (no copies ne	eded).		
A corpor	ation required to file Form 990-T and requesting an auton					
art I onl					•	•
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	usts must use Form 7004 to reques	t an exten	sion of time	
	ome tax returns.				r's identifying nu	mber
Гуре ог	Name of exempt organization or other filer, see instru-	ctions.			identification num	
orint	, and the second					
	KENNEY FAMILY FOUNDATION,	INC.			52-19076	88
File by the due date for	Number, street, and room or suite no. If a P.O. box, se	ee instruc	tions	Social sei	curity number (SS	N)
iling your eturn See	5 GREENWOOD PLACE					
nstructions	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
	BALTIMORE, MD 21208					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Applicat	ion	Return	Application			Return
s For	ion	Code	Is For			
	or Form 990-EZ	01	Form 990-T (corporation)		•••	<b>Code</b> 07
Form 990	•	02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	O-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	O-T (trust other than above)	06	Form 8870			12
01111 001	CHARLES S. GOLI					
■ The b	ooks are in the care of > 5 GREENWOOD PLA		BALTIMORE, MD 212	0.8		
	hone No ▶ 410-484-2036		Fax No. ▶			
	organization does not have an office or place of business	s in the Un			<u> </u>	• 🗆
	is for a Group Return, enter the organization's four digit			If this is foi	the whole group.	check this
box 🕨			ch a list with the names and EINs of			
	equest an automatic 3-month (6 months for a corporation					
			tion return for the organization name		The extension	
ısi	for the organization's return for					
	X calendar year 2014 or					
•	tax year beginning	. an	d ending			
			<u> </u>		_	
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return	Final retur	n	
Qa If €	Location is for Forms 990.BL 990.BE 990.T 4720	or 6060	enter the tentative tay loss and			
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					0	
	nrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069	ontor on	v refundable credits and	3a	\$	0.
				25	ė	0.
	timated tax payments made Include any prior year overp lance due. Subtract line 3b from line 3a Include your pa			3b	\$	<u> </u>
	using EFTPS (Electronic Federal Tax Payment System).	•	• • •	3c	\$	_ 0.
	If you are going to make an electronic funds withdrawal				nd Form 8879-FO	
		,550. 00				o. paymont

	KENNEY FAMILY FOUNDATION	FOUNDATION		
	52-1907688			
	2014			
	PART XV			
RECIPINET NAME & ADDRESS	PURPOSE	STATUS	PURPOSE	AMOUNT
LYME DISEASE CLINICAL RESEARCH CENTER	UNRESTRICTED	PUBLIC CHARITY	LYME DISEASE RESEARCH	48160
2360 W. JOPPA RD , SUITE 320				
LUTHERVILLE, MD 21093				
PRAISING THROUGH RECOVERY	UNRESTRICTED	PUBLIC CHARITY	HOMELESS SUPPORT	300
1124 W. NORTH AVE				
BALTIMORE, MD 21217				
TOTAL				48460