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## Form **990-PF** Department of the Treasury Internal Revenue Service

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.

Ford	calendar year 2015 or tax year beginning		, and ending			
Nan	me of foundation		A Employer Identification number			
	HE KENAN FAMILY FOUNDATION			58-1587972		
	mber and street (or PO box number if mail is not delivered to street P.O. BOX 4150	address)	Room/suite	B Telephone number 919-967-0618		
	y or town, state or province, country, and ZIP or foreign pe	nstal code		C if exemption application is p	· · · · · · · · · · · · · · · · · · ·	
	HAPEL HILL, NC 27515-415			o ii exemption application is p	arding, check hare	
	Check all that apply: Initial return	Initial return of a fe	ormer public charity	D 1. Foreign organizations	s, check here	
	Final return	Amended return		2 -		
	Address change	Name change		2. Foreign organizations me check here and attach co	eting the 85% test, mputation	
H C	Check type of organization: X Section 501(c)(3) ex			E If private foundation sta		
<u> </u>		Other taxable private found		under section 507(b)(1)	•	
	air market value of all assets at end of year  J Accounting  Tom Part II, col (c), line 16)  Ott	ng method: LXI Cash her (specify)	Accrual	F If the foundation is in a (		
( <i>ii</i>			basis )	under section 507(b)(1)	(8), check here	
	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)	
	1 Contributions, gifts, grants, etc., received		4240 Mark 112 (113)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. IN SWEET . IN SWEET.	
	2 Check X if the foundation is not required to attach Sch. B		作为性情况。 高级对象			
	3 Interest on savings and temporary cash investments	30.	30.		STATEMENT 1	
	4 Dividends and interest from securities	155,735.	155,735.		STATEMENT 2	
	5a Gross rents	.752.36.302.00	. 15 924 S K 2 487 2005		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	b Net rental income or (loss)  62 Net gain or (loss) from sale of assets not on line 10	94,755.		kir 6.50#/454*50 65.10 ****148.46%		
Jue .	b Gross sales price for all 203,968.					
Revenue	7 Capital gain net income (from Part IV, line 2)	14 JAN 44 CO JAN JAN 1	94,755.	TO SOME OF THE PARTY OF THE PAR		
æ	8 Net short-term capital gain		17 Taka 清華國家	- 400 1 5%	WITTEN MEDICAL	
	9 Income modifications	**・今年間 17数分割からご。	Host of the Belliefe			
	Gross sales less returns and allowances					
	b Less Cost of goods sold RK RECE c Gross prefit or (loss)	IVED ::		The relative		
	11 Other income					
'	12 Total. Add lines 1 through 11 051	<b>2016</b> 250,520.	250,520.	0.		
	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.	
	14 Other employee salaries and wase DEN					
	115 Pension plans, employee penerits—	~				
1565	16a Legal fees SERVICE CENTER					
xpenses	b Accounting fees STMT 3	4,464.	0.	0.	4,464.	
ш	C Other professional fees DITTI	18,702.	18,702.	0.	0.	
ţ	17 Interest 18 Taxes STMT 5	2,045.	0	0.		
str	19 Depreciation and depletion	2,045.	0.	<u> </u>	0.	
i.	20 Occupancy				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Adı	21 Travel, conferences, and meetings				<del></del>	
and	22 Printing and publications					
В	23 Other expenses STMT 6	670.	675.	0.	<5.	
Operating and Administrative	24 Total operating and administrative	05.001				
ope	expenses. Add lines 13 through 23	25,881.	19,377.	0.	4,459.	
-	25 Contributions, girts, grants paid	310,000.	AT A THE PARTY		310,000.	
	26 Total expenses and disbursements. Add lines 24 and 25	335,881.	19,377.	0.	314,459.	
_	27 Subtract line 26 from line 12:	333,001.	19,377.	4 8 7 4 1 1 4 4	314,433.	
	a Excess of revenue over expenses and disbursements	<85,361.				
) <b>h</b>	b Net investment income (if negative, enter -0-)	/ ( - ^)	231,143.	1,7,41 (77)	THE PARTY OF THE P	
,	I same a se		4		- 138 cm - 7 MT/ 1	

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	1	
	(must agree with end-of-year figure reported on prior year's return)	1 1	4,370,641.
2	Enter amount from Part I, line 27a	2	<85,361.>
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	4,285,280.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4,285,280.

(a) List and desc 2-story brick wa	ribe the kir	sses for Tax on In id(s) of property sold (e.g. or common stock, 200 shs	., real estate,	income	( <b>b)</b> Ho P - F D - [	w acquired Purchase Donation		te acquired , day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE STATEMENT						P			
b CAPITAL GAINS	DIVII	ENDS			ļ <u>.</u>				
d d					ļ				
d					<u> </u>			<del></del>	
<u>e                                      </u>	/0.5		(10		<del>!</del>				<u> </u>
(e) Gross sales price	(1)	epreciation allowed (or allowable)		t or other basis epense of sale				Gain or (loss lus (f) minus	(g)
a 202,570.				109,21	.3.				93,357.
b 1,398.									1,398.
<u>c</u>			ļ					·	
d									
e	Ļ		<u> </u>						
Complete only for assets shown			the foundation	on 12/31/69				(Col. (h) gain	
(i) F.M.V. as of 12/31/69	(	j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		Ü	Loss	it not less tha es (from col. (	(h))
a									93,357.
b									1,398.
C									
d	· · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
e									
2 Capital gain net income or (net c	apital loss)	{ If gain, also enter -0	r in Part I, line 7	7 7	}	2		-	94,755.
3 Net short-term capital gain or (lo		ned in sections 1222(5) ar		•				·	
If gain, also enter in Part I, line 8		).			<b>}</b>	,		N/A	
If (loss), enter -0- in Part I, line 8 Part V*   Qualification U		ection 4940(e) for	Reduced	Tay on Net	Inve	stment Ir	come		
(For optional use by domestic privat		<del></del>							·
If section 4940(d)(2) applies, leave the section was the foundation liable for the sectified from the section was the foundation does not quark the appropriate amount in	ction 4942 alify under s	tax on the distributable am section 4940(e). Do not co	omplete this pa	rt.				· · · · · · · · · · · · · · · · · · ·	Yes X No
(a) Base period years Calendar year (or tax year beginn	-	(b) Adjusted qualifying dis		Net value of no	(c)	able-use asse	ts	Distrii (col. (b) di	(d) oution ratio yided by col. (c))
2014	,	2.7	8,433.		6	243,47	7-	(00.0 (0)	.044596
2013			8,500.	***		702,23			.043579
2012			8,951.			999,52			.049795
2011		23	5,823.			022,16			.046956
2010			5,952.			717,40			.043658
2 Total of line 1, column (d)	. لــــــــــــــــــــــــــــــــــــ		,			<u> ,</u>	2		.228584
3 Average distribution ratio for the			on line 2 by 5,	or by the number	r of year	s			.045717
the foundation has been in existe		-					3		
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5					4		6,124,799.		
5 Multiply line 4 by line 3							_ 5		280,007
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)					6		2,311
7 Add lines 5 and 6					7	,	282,318		
8 Enter qualifying distributions fro	m Part XII,	line 4					8	.	314,459
If line 8 is equal to or greater that See the Part VI instructions.	-		e 1b, and comp	lete that part usir	ng a 1%	tax rate.	<u> </u>		• •
523521 11-24-15		· · · · · · · · · · · · · · · · · · ·		·				<del></del>	Form <b>990-PF</b> (201

Form 990-PF (2015) THE KENAN FAMILY FOUNDATION		58-158	
Rant VI Excise Tax Based on Investment Income (Section 494)		4948 - see	instructions)
1a Exempt operating foundations described in section 4940(d)(2), check here  and el	nter "N/A" on line 1.	18 pt. 100 80 80 100 100 100 100 100 100 100 1	TATES 194
Date of ruling or determination letter: (attach copy of letter if nec			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	➤ X and enter 1%	1	2,311.
of Part I, line 27b	i		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	6 of Part I, line 12, col. (b).		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	2	0.
3 Add lines 1 and 2		3	2,311.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. 0	Others enter -0-)	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	2,311.
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a 3,667.		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d		7	3,667.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is atta	iched	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>•</b>	9	356
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1 256	10	1,356.
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax	1,356. Refunded ▶	11	0.
Part VII-A Statements Regarding Activities			I S & Was No
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or interven	e in	Yes No
any political campaign?			1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpor	· ·	· · ·	1b X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	nd copies of any materials publisf	ied or	
distributed by the foundation in connection with the activities			1c X
c Did the foundation file Form 1120-POL for this year?			1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the (1) On the foundation. ► \$ 0 • (2) On foundation managers			
(1) On the foundation. ► \$ 0 • (2) On foundation managers e Enter the reimbursement (if any) paid by the foundation during the year for political expend		<u>-</u>	
managers. > \$ 0.	illule tax imposed on toundation		
2 Has the foundation engaged in any activities that have not previously been reported to the li	DC2		2 X
If "Yes," attach a detailed description of the activities	no:		
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 chang		01	3 X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year			4a X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b></b>	N/A	4b
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	7	,	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 e	either:		
By language in the governing instrument, or			
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandator</li> </ul>	ry directions that conflict with the sta	te law	
remain in the governing instrument?	.,		6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cor	mplete Part II. col. (c), and Part X	v	7 X
, , , , , , , , , , , , , , , , , , , ,	(-),		
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ons) ►		
NC	·		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)		
of each state as required by General Instruction G? If "No," attach explanation	. , , , ,		8b X
9 Is the foundation claiming status as a private operating foundation within the meaning of se	ection 4942(j)(3) or 4942(j)(5) for ca	lendar	
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," of	complete Part XIV		9 X
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a scheduler			10 X
			orm <b>990-PF</b> (2015)

·Pε	irt: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 the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	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 ► KENAN MANAGEMENT INC  Telephone no. ►919-96	7-0	618	
•	Located at ► SUITE 525, 100 EUROPA DRIVE, CHAPEL HILL, NC ZIP+4 ►27			
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 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16	163	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10	· *(.)	NUSA, 1
		4		
D,	foreign country ►  art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1. M. E.	Bu A	@ 74
Γ, ε	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
4.		1,C 5	100	140 2 2 20
18	a 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?  Yes X No		***	Tia.
		2. Y. Su a	7	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			8 120
	a disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No	1 193	100	3
		San English	en en 🥳	\$7.80 kg -
	(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		\$.7.3	
	for the benefit or use of a disqualified person)?	7 * *	, , , j	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		1. 1. 3	
	If the foundation agreed to make a grant to or to employ the official for a period after		AŠ	
	termination of government service, if terminating within 90 days.)	3.0	3,71	å.43,
l	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	mark.	3	فانند
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Organizations relying on a current notice regarding disaster assistance check here	\$ \$ #\!\\		
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	مُنْدُ مِنْدُ	M.L	
	before the first day of the tax year beginning in 2015?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		J.A	. 20
	defined in section 4942(j)(3) or 4942(j)(5)):	2. 2.	7, 3,	
	a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	' , ' اهر عال خد	7. 7.	) # <b>1</b>
	before 2015?			
	If "Yes," list the years ,,,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0 3.75 
١	Are there any years listed in 2a for which the foundation is not 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	Zěľ	214	
	statement - see instructions.) N/A	2b		
(	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	ration of the state of the stat	W D	7.
	<b>&gt;</b>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		*	
	during the year?		W.W	
١	b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
	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		. 33	1 A
	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,	A COM		
	Form 4720, to determine if the foundation had excess business holdings in 2015) N/A	3b	Le - d =	~~~
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		x
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	5 Total	F-1 "#	7:00:17
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X

-orm 990-PF (2015) THE KENAN FAMILY FOUNDAY.			20-120/2	74 Page 6
Part VII B Statements Regarding Activities for Which F	orm 4720 May Be F	requirea (continu	Jea)	
5a During the year did the foundation pay or incur any amount to:		F		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s 🗶 No 🔓	
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	ectly,		
any voter registration drive?		Ye	s 🗓 No 🖟	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	)	Ye	s 🗶 No	
(4) Provide a grant to an organization other than a charitable, etc., organization			į.	
4945(d)(4)(A)? (see instructions)		□ V <sub>6</sub>	s 🗶 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or aducational nurnoses, or f			Talkana a
	or concanonal purposes, or r		s X No	
the prevention of cruelty to children or animals?				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	n Regulations	37/3	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance check hi	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined I/A	[	
expenditure responsibility for the grant?	s L No 🏻			
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d).		/Sec.	C. でいた! (1.1) (
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on		7. (a) 12. (a)	
a personal benefit contract?		Ye	s 🗓 No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870			ļ-	~ * A * * * * * * * * * * * * * * * * *
7a At any time during the tax year, was the foundation a party to a prohibited tax si	helter transaction?	□ v <sub>4</sub>	s 🗶 No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	<u>% \$</u>
Part VIII Information About Officers, Directors, Truste		nagara Highly		70
Paid Employees, and Contractors	565, rounuation wa	mayers, migni	,	
List all officers, directors, trustees, foundation managers and their	componention		<del></del>	
List all officers, directors, didstees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Eynense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
· · · · · · · · · · · · · · · · · · ·				
			_	_
SEE STATEMENT 9		0.	0.	0.
		•		
				<del> </del>
<del></del>				
		1		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "	<u> </u>	<u> </u>
2 Compensation of five riighest-paid employees (other than those me		enter NONE.	(d) Contributions to	(a) Eynense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	devoted to position		compensation	allowances
NONE				
				1
	-	<del> </del>		<del> </del>
<del></del>				
		+		
T. J. C.		<u> </u>	<u> </u>	⊥
Total number of other employees paid over \$50,000			<u> </u>	0

Form 990-PF (2015) THE KENAN FAMILY FOUNDATION	58-158	7972 Page 7
Part Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "N		<del>-</del>
(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		<b>▶</b> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produced N/A	formation such as the figure is a second such as the second such as the figure is a second such as the second such as the figure is a second such as the second suc	Expenses
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.		

Total. Add lines 1 through 3

FORM 990-PF (2015) THE KENAN FAMILY FOU	INDATION	58-1	.58/9/2 Page 8
Minimum Investment Return (All domestic f	oundations must complete this part. Fo	reign foundations, se	e instructions.)
1 Fair market value of assets not used (or held for use) directly in carryin	ng out charitable, etc., purposes:		
Average monthly fair market value of securities		1a	6,119,381.
b Average of monthly cash balances		16	6,119,381. 98,689.
c Fair market value of all other assets		1c	
d Total (add lines 1a, b, and c)		1d	6,218,070.
e Reduction claimed for blockage or other factors reported on lines 1a a	nd		
1c (attach detailed explanation)	1e	0.	
2 Acquisition indebtedness applicable to line 1 assets	La d'Andre	2	0.
3 Subtract line 2 from line 1d		3	6,218,070.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for g	preater amount, see instructions)	4	93,271.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. En		5	6,124,799.
6 Minimum investment return. Enter 5% of line 5		6	306,240.
Part XI Distributable Amount (see instructions) (Section	on 4942(j)(3) and (j)(5) private operating four	ndations and certain	
foreign organizations check here  and do not com			
1 Minimum investment return from Part X, line 6		11	306,240.
2a Tax on investment income for 2015 from Part VI, line 5	2a   2	,311.	
b Income tax for 2015. (This does not include the tax from Part VI.)	2b		
c Add lines 2a and 2b		2c*	2,311.
3 Distributable amount before adjustments. Subtract line 2c from line 1		3	303,929.
4 Recoveries of amounts treated as qualifying distributions		4	0.
5 Add lines 3 and 4		5	303,929.
6 Deduction from distributable amount (see instructions)		6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter he	ere and on Part XIII, line 1	7	303,929.
Part XII Qualifying Distributions (see instructions)			
adamying Distributions (see instructions)			
1 Amounts paid (including administrative expenses) to accomplish char	table, etc., purposes:	2.3	
a Expenses, contributions, gifts, etc total from Part I, column (d), line	26	1a	314,459.
b Program-related investments - total from Part IX-B		1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carry	ing out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		المكاشة	
a Suitability test (prior IRS approval required)		3a	
b Cash distribution test (attach the required schedule)		3b	<del></del>
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on F	Part V, line 8, and Part XIII, line 4	4	314,459.
5 Foundations that qualify under section 4940(e) for the reduced rate of		<del></del>	· · · · · · · · · · · · · · · · · · ·
income. Enter 1% of Part I, line 27b		5	2,311.
6 Adjusted qualifying distributions. Subtract line 5 from line 4		6	312,148.
Note. The amount on line 6 will be used in Part V, column (b), in subs	equent years when calculating whether the fo	oundation qualifies for th	
4940(a) reduction of tay in those years			· · · · · · · · · · · · · · · · ·

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				303,929.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only		- , - 51, -51, - 1, - 1, - 1, - 1, - 1,	305,904.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:	The second of th	U •		44 4 1 48 1 1 C 1 4 4 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a From 2010				
b From 2011	Welling States			
c From 2012				
d From 2013				
eFrom 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				Karama A. Karken
Part XII, line 4: ►\$ 314,459.				
a Applied to 2014, but not more than line 2a			305,904.	
<b>b</b> Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		14 8 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c Treated as distributions out of corpus	•			
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount	. 4584			8,555.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount				U.
must be shown in column (a) )  6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		3 x x 23 -4 11, 1438 x		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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				44.8 5 10 8 4 W. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				Property of the second
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016 7 Amounts treated as distributions out of				295,374.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010	0.1	**************************************	100 x 4 /	The state of the s
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				1 4x 2 4x 3
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:		***		English Committee of the Committee of th
a Excess from 2011	4	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	
b Excess from 2012	) 4 mg. 1			
c Excess from 2013	•			
d Excess from 2014	`	* * * * *		
e Excess from 2015		·	, , , , , , , , , , , , , , , , , , ,	í

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	AN FAMILY F				87972 Page 10
PartiXIV Private Operating F	oundations (see in	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating			
foundation, and the ruling is effective for	2015, enter the date of t	the ruling	<b>&gt;</b> L		
b Check box to indicate whether the found	lation is a private operatii	ng foundation described ir	section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,			<del></del>	<u>                                     </u>	<del></del>
line 4 for each year listed					
d Amounts included in line 2c not					
					1
used directly for active conduct of					1
exempt activities	<del></del>	ļ		<del></del>	
e Qualifying distributions made directly		1			}
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					ļ
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					<u> </u>
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year		}		Ì	
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)		1			
(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		<del> </del>			<del></del>
· · ·					
an exempt organization		ļ			
(4) Gross investment income Part XV: Supplementary Info	rmation (Comple	to this part only	if the foundation	had \$5 000 ar m	ore in essets
at any time during t			ii tile loulluation	nau \$5,000 or m	016 111 455615
		- Tuctions,			······
1 Information Regarding Foundation	-	Alice 00/ -445-4-4-1			
a List any managers of the foundation wh year (but only if they have contributed n			ibutions received by the	toundation before the cit	ose of any tax
	ποια απαιτ φο,σσος, (σσο τ	30011011 007 (4)(2):)			
NONE	100/				
b List any managers of the foundation who other entity) of which the foundation ha	o own 10% or more of the	ne stock of a corporation (	or an equally large portion	in of the ownership of a p	partnership or
• •	3 a 10 % or greater intere	36			
NONE	<del></del>				<del></del>
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation of	only makes contributions	to preselected charitable	organizations and does n	ot accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	<del></del>				0 0.
a The name, address, and telephone num	iber or e-mail address of	the person to whom appli	cations should be addres	ssed:	
b The form in which applications should l	pe submitted and informa	ation and materials they st	ould include:		
c Any submission deadlines:					
		·	·		
d Any restrictions or limitations on award	s, such as by geographic	cal areas, charitable fields,	kinds of institutions, or o	other factors:	
		· <u>- · · · · · · · · · · · · · · · · · ·</u>			
523601 11-24-15		ء د			Form <b>990-PF</b> (2015)
		11			

Part XV Supplementary Information				
3 Grants and Contributions Paid During the You	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Control Control	
a Paid during the year				
SEE ATTACHED STATEMENT				
				310,000.
		i		
Total			<b>▶</b> 3a	310,000.
<b>b</b> Approved for future payment				
NONE				
2.0				
Total	<del></del>		<b>&gt;</b> 3b	0

Kenan Family Foundation
YE 12/31/15
EIN - 58-1587972
Form 990 PF Part XV, Line 3a
Recipient Paid During the Year

	Donee	Foundation	Purpose of Grant or	
Recipient	Relationship	Status	Contribution	Amount
UNC Medical Foundation	N/A	PC	Horizons Program	\$ 15,000
UNC Horizons Program			Owen G Kenan Pancreatic	
PO Box 309			Cancer Research Fund	50,000
Chapel Hill NC 27514-0304				
Duke University Medical Center	N/A	PC	FH Kenan Research	10,000
Box 90581			Fund in Plastic Surgery	
Durham, NC 27708-0581				
Duplin County Board of Education	N/A	GOV	Liberty Hall Restoration	45,000
PO Box 128			Operations & Scholarships	
Kenansville, NC 28349				
Full Frame Documentary Film Festival	N/A	PC	Director's Discretionary	10,000
324 Blackwell St , Ste 500				
Durham, NC 27701				
Mount Carmel Ministries DBA	N/A	PC	Director's Discretionary	20,000
Aqueduct Conference Center				
1620 Mount Carmel Church Rd				
Chapel Hill, NC 27517				
PlayMakers Repertory Company	N/A	PC	Director's Discretionary	10,000
UNC-Chapel Hill				
Chapel Hill, NC 27599-3230				
Reality Ministries	N/A	PC	Discretionary Fund	10,000
PO Box 242				
Durham, NC 27702				
S E.E.D S	N/A	PC	Memory Bekah Resnick	10,000
706 Gilbert Street			Legacy Fund or Operations	5,000
Durham, NC 27701				
The Episcopal Church of the Advocate	N/A	PC	General Operations	10,000
8410 Merin Road				
Chapel Hill, NC 27516				

Kenan Family Foundation - 12/31/15  Recipient		Foundation Status	Purpose of Grant or Contribution	Amount
National Ability Center PO Box 682799 Park City, UT 84068	N/A	PC	Discretionary Fund	27,500
UNC-Chapel Hill Carolina Performing Arts 134 E Franklin Street, CB 3233 Chapel Hill, NC 27599-3233	N/A	GOV	Director's Discrectionary	10,000
Colorado College 14 E Cache La Poudre Street Colorado Springs, CO 80903-3294	N/A	PC	PIFP/CC Fellowship Program	10,000
Arts for Life 50 S French Broad Ave , Ste 258 Asheville, NC 28801	N/A	PC	Duke Children's Hospital	5,000
TROSA 1820 James Street Durham, NC 27707	N/A	PC	Operations	5,000
Extraordinary Ventures, Inc 200 S Elliott Road Chapel Hill, NC 27514	N/A	PC	General Operations	10,000
Greenwood School 17 Buena Vista Avenue Mill Valley, CA 94941	N/A	PC	Head of School Discretionary	20,000
Stepping Stones Project Box 194 Mill Valley, CA 94941	N/A	PC	Director's Discretionary	5,000
Frank H Kenan Chapel at Landfall 1927 Preswick Lane Wilmington, NC 28405	N/A	PC	Bridge Project	2,500
UNC at Wilmington Foundation 601 South College Road Wilmington, NC 28403-3297	NC	GOV	Owen G Kenan Fellowship Endowment	20000
				\$ 310,000

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>

	· · ·	business income		ed by section 512, 513, or 514	(e)
	(a) Business	(b)	Exclu-	(d)	Related or exempt
Program service revenue:	code	Amount	code	Amount	function income
a	_				
ь		<del></del>	<del>                                     </del>		
<u> </u>	_				<del></del>
d			+		
e	_		+	· · · · · · · · · · · · · · · · · · ·	
g Fees and contracts from government agencies	_		╂─┼		
Membership dues and assessments	<del></del>		+		
Interest on savings and temporary cash			++		
investments			14	30.	
Dividends and interest from securities		<del>-</del>	14	155,735.	
Net rental income or (loss) from real estate:	1 3 1 1 1 3 4 2 3 2 4 4 3 3	CRACETY AND TO SEE		wearst fattigaene cons	mak other graft years to see to se
a Debt-financed property	1.7 ( 44.78.9) (3		13. 75.	· (	a vi (4 9 i - 7 i
b Not debt-financed property			+		
Net rental income or (loss) from personal	<del> </del>	<del></del>	<del> </del>		
property	1 1		1 1		
Other investment income			+		
Gain or (loss) from sales of assets other	<del></del>		+		
than inventory	1		18	94,755.	
Net income or (loss) from special events			+ = +	<u> </u>	
Gross profit or (loss) from sales of inventory			+ +		
Other revenue:			1		
a					
b		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
C			1 1		
d					
e			11		
Subtotal. Add columns (b), (d), and (e)	* * * * * * * * * * * * * * * * * * * *	0	. 300	250,520.	
				13	250,52
Total. Add line 12, columns (b), (d), and (e)					
		nplishment of E	xemp	t Purposes	
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations.	s to the Accor	column (e) of Part XVI-	-	•	nplishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  art XV(-B)  Relationship of Activities  ne No.  Explain below how each activity for which in	s to the Accor	column (e) of Part XVI-	-	•	nplishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  artaXV[-,B]  Relationship of Activities ne No.  Explain below how each activity for which in	s to the Accor	column (e) of Part XVI-	-	•	nplishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  art*XVI-B* Relationship of Activities ne No. Explain below how each activity for which in	s to the Accor	column (e) of Part XVI-	-	•	nplishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations.  art XVI-B Relationship of Activities ne No. Explain below how each activity for which in	s to the Accor	column (e) of Part XVI-	-	•	nplishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  art XV(-B)  Relationship of Activities  ne No.  Explain below how each activity for which in	s to the Accor	column (e) of Part XVI-	-	•	nplishment of

Form 990-PF (20		ENAN FAMI				58-15		Page <b>13</b>
Part XVII	Information Re Exempt Organ		sfers To a	and Transactions	and Relations	nips With Nonch	aritable	•
1 Did the ere			of the follows	g with any other organizat	on described in secti	on 501/o) of	1. 4.4	Yes No
_	-			ry with any other organizat P7, relating to political orga		טוו טט ו(ט) טו	S. S. S. S.	ulteriority ( ) de joi
•	from the reporting found				IIIZaliOIIS*			
(1) Cash	noth the reporting touries	ation to a noncharkat	nic excitibt of i	gamzation of.			1a(1)	X
(2) Other	assets						1a(2)	X
b Other trans							(A.*.)	1.44 duis
	of assets to a noncharital	ble exempt organizat	ion				1b(1)	X
	ases of assets from a no						1b(2)	Х
	l of facilities, equipment,		•				1b(3)	X
	oursement arrangements						1b(4)	Х
(5) Loans	or loan guarantees						1b(5)	X
(6) Perfor	rmance of services or me	mbership or fundrais	sing solicitatio	ons			1b(6)	X
c Sharing of	facilities, equipment, ma	iling lists, other asse	ts, or paid em	ployees			1c	X
d If the answ	ver to any of the above is	"Yes," complete the f	following sche	edule. Column (b) should a	lways show the fair m	arket value of the goods	s, other ass	ets,
				ed less than fair market va	ue in any transaction	or sharing arrangement	, show in	
	) the value of the goods,							
(a)Line no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transactions, ar	nd sharing an	rangements
			N/A					<del></del>
	<del></del>		<del></del>		<del> </del>			<del></del> -
<del></del>				<del></del>				
				<del></del>				
			<del></del>					
<del></del>	····							
				<del></del>	<del> </del>	· · · · · · · · · · · · · · · · · · ·		
	<del></del>							
2a Is the four	ndation directly or indirec	tly affiliated with or r	elated to one	or more tax-exempt organ	Izations described	·····		<del></del> -
	501(c) of the Code (other				nzations accentica		Yes	X No
	mplete the following sch		10-77					
	(a) Name of org	janization		(b) Type of organization	1	(c) Description of relatio	nship	
	N/A							
						···		
		<del></del>		<u></u>	ļ	··		
Under	negatives of periury I declare	that I have examined the	is teturo, includu	ng accompanying schedules an	d statements, and to the	heat of my knowledge		<del></del>
				an taxpayer) is based on all info		the second second	May the IRS eturn with th	discuss this
Here	Hame Me u	NI A		15/11/11	<b>▶</b> √ <b></b>		s <u>hown</u> below	(see instr )?
	nature of officer or trustee			Date	Title		X Yes	No No
	Print/Type preparer's n		Preparer's s		Date	Check   if PTI	V	
			51	0/10	-//	self- employed		
Paid	STEVEN ARM	STRONG	10th	KIL	10/16	P	01366	491
Preparer	Firm's name ► KEN	AN MANAGE	MENT I	NC.	· / · / · / · · / · · ·	Firm's EIN ▶ 56-		
Use Only								
	Firm's address > P.							
	CH	APEL HILL	1, NC 2	27515-4150		Phone no. 919-	967-0	618_

Phone no. 919-967-0618 Form **990-PF** (2015)

FORM 990-PF INTERE	ST ON SAVI	NGS AND	TEMPOR	ARY CASH	INVESTMENTS	STATEMEN	T 1
SOURCE			(A) REVENUE ER BOOK		(B) INVESTMENT INCOME	(C) ADJUST NET INC	
JP MORGAN		<del></del>		30.	30.		30.
TOTAL TO PART I, LI	NE 3			30.	30.		30.
FORM 990-PF	DIVIDEND	S AND II	NTEREST	FROM SEC	CURITIES	STATEMEN	т 2
SOURCE	GROSS AMOUNT	GA:	ITAL INS DENDS	(A) REVENUI PER BOOK			STED
JP MORGAN	157,133	. :	1,398.	155,73	35. 155,7	35. 155	,735.
TO PART I, LINE 4	157,133		1,398.	155,73	35. 155,7	35. 155	,735.
FORM 990-PF		ACCO	UNTING	FEES		STATEMEN	т 3
DESCRIPTION		(A) EXPENSI PER BOO		(B) T INVEST- NT INCOM			TABLE
ACCOUNTING	_	4,	464.	(	).	0. 4	,464.
TO FORM 990~PF, PG	- 1, LN 16B =	4,,	464.	(	).	0. 4	,464.
FORM 990-PF	C	THER PRO	OFESSIO	NAL FEES	——————————————————————————————————————	STATEMEN	т 4
DESCRIPTION		(A) EXPENSI PER BOO		(B) T INVEST NT INCOM			TABLE
INVESTMENT MANAGEME	NT	18,	702.	18,70	2.	0.	0.

FORM 990-PF	ТАХ	KES			ST	ATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC		(C) ADJUSTEI NET INCOM		(D) CHARITA PURPOS	
FOREIGN	2,045.		0.		0.		0.
TO FORM 990-PF, PG 1, LN 18	2,045.		0.		0.		0.
FORM 990-PF	OTHER E	EXPENSES			ST	ATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM		(D) CHARITA PURPOS	
INVESTMENT FEES BANK CHARGE REFUND	675. <5.		675. 0.		0.		0. <5.>
TO FORM 990-PF, PG 1, LN 23	670.		675.		0.		<5.>
FORM 990-PF	CORPORAT	E STOCK			ST	ATEMENT	7
DESCRIPTION			вос	OK VALUE	FA	IR MARKE' VALUE	T
JP MORGAN EQUITY PORTFOLIO				2,940,984.		4,602,6	67.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			2,940,984.		4,602,6	67.
FORM 990-PF	OTHER IN	ESTMENTS			ST	ATEMENT	8
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FA	IR MARKE' VALUE	T
JPMORGAN SHORT DURATION ISHARES MSCI EAFE INDEX JPMORGAN STRATEGIC INCOME VANGUARD FIXED INCOME SECS F JPMORGAN HIGH YIELD BOND FUNI VANGUARD MSCI EMERGING MARKET TOTAL TO FORM 990-PF, PART IN	rs etg	COST COST COST COST COST		572,416. 87,779. 135,166. 160,843. 240,065. 96,902.		570,6° 120,3° 132,6° 173,8° 214,2° 85,0°	76. 54. 26. 86. 46.
10 1014 JJU-FF, FART 1.	L, LINE IS			L, 433, 1/1.		1,296,8	04.

	ST OF OFFICERS, I D FOUNDATION MANA		STATI	ement 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
ELIZABETH KENAN HOWELL 4940 BEAR VIEW DR. PARK CITY, UT 84098	PRESIDENT/DIRE	CTOR 0.	0.	0.
ANNICE HAWKINS KENAN 70 BIGELOW MILL VALLEY, CA 94941	VP, DIRECTOR 0.00	0.	0.	0.
ELIZABETH PRICE KENAN 121 CEDAR CLUB CIRCLE CHAPEL HILL, NC 27517	DIRECTOR 0.00	0.	0.	0.
OWEN GYWN, JR 1700 CLEARWATER LAKE DR CHAPEL HILL, NC 27514	DIRECTOR 0.00	0.	0.	0.
THOMAS S. KENAN III P.O. BOX 4150 CHAPEL HILL, NC 27514	VP, TREAS, DIF	RECT	0.	0.
ROBERTA STERLING KENAN 234 KENLYN ROAD PALM BEACH, FL 33480	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	5, PART VIII	0.	0.	0.

				(1) 有关 (1) 有关 (4) (2)		non//	nan
* Code Windicales Wash Sale Lindicales a Nondeductible Loss other than a Wash Sale		Capital Ga	Capital Gain and Loss Schedule	chedule	THE KENAN Account Numb	THE KENAN FAMILY FOUNDATION Account Number: A 22836-00-0	NOIT
** Ordinary Income D indicales Ordinary Income gain or loss		Lon	Long-Term Covered				
F Indicates Foreign Exchange gain or loss on Capital transactions	al transactions						
Description		Code* Date Acquired	Unds	Proceeds	Cost or Other Basis	Adjustments to gam or loss	Gain or Loss Ordinary Income**
BERKSHIRE HATHAWAY INC-CL B	084670702	11/23/2011 12/31/2015	800.000	106,370.04	58,704.56		47,665.48
JPM SHORT DURATION BD FD - SEL	4812C1330`	12/04/2013	4,625.347	50,000.00	50,508.79		-508.79
KRAFT FOODS GROUP INC	50076Q106	· 11/23/2011 07/06/2015	2,800.000	46,200.00	00.	٠	46,200.00
Total Long-Term Covered				202,570.04	109,213.35		93,356.69