

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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.irs.gov/form990pf. OMB No 1545-0052

For	cale	ndar year 2016 or tax year beginning	DEC	13,	<u> 2016 </u>	, and er	nding	DEC 31, 2016	
Na	ame o	f foundation						A Employer identification	number
_1	КОН	N CHARITABLE TRUST	<u> </u>					81-4683592	
Nu	ımber a	and street (or P O box number if mail is not deliv	vered to street	address)				B Telephone number	
_!	<u>510</u>	MEADOWMONT VILLAG	E CIR	<u> </u>			<u>#285</u>	(919)537-9	
	-	town, state or province, country, and ZIP		ostal code				C If exemption application is p	ending, check here
	CHA	PEL HILL, NC 2751	<u>.7 </u>						
∃ G	Checl	k all that apply:		lnr	tial return of a fo	ormer public c	harity	D 1. Foreign organizations	s, check here
J		Fınal return		=	nended return			2. Foreign organizations me	eting the 85% test.
`		Address char			me change			Foreign organizations me check here and attach co	mputation
	_	k type of organization:						E If private foundation sta	
		ection 4947(a)(1) nonexempt charitable t			e private founda			under section 507(b)(1)	(A), check here
		- [ng method:		L Accru	ual	F If the foundation is in a	
,		Part II, col. (c), line 16) 4,978,373.	01 Part Look	ther (specify)	hacro I		under section 507(b)(1)	(B), check here
	►\$ art l		-art i, coiu						(d) Disbursements
XIIII MARK	arti	(The total of amounts in columns (b), (c), and necessarily equal the amounts in column (a))	(d) may not		venue and es per books	(b) Net inv inco		(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., receive	ed	5,0	01,679.			N/A	
3	2	Check If the foundation is not required to a	ittach Sch B						
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities			6,563.		6,563.		STATEMENT 1
	5a	Gross rents							
	b	Net rental income or (loss)							
9	<u>,</u> 6a	Net gain or (loss) from sale of assets not on lin	e 10						
Ē	{ b	Gross sales price for all assets on line 6a		ļ					
Boyonia	7	Capital gain net income (from Part IV, line 2)					0.		
_	8	Net short-term capital gain						 	
	9	Income modifications Gross sales less returns						 	
	10a	and allowances						 	
	1	Cross profit or (loss)						 	
	11	Other income		 					
	12	Total Add lines 1 through 11		5 0	08,242.		6,563.	-	
_	13	Compensation of officers, directors, trustees,		3,0	0.		0.		0.
	14	Other employee salaries and wages					<u></u> _		
	15	Pension plans, employee benefits							
ģ	ខ្លុំ 16a	a Legal fees							
ğ	į į	Accounting fees							
ond Administrative Eveens	Š α	Other professional fees						F. DEAF	1
	17	Interest						1 TIEVE	VED
į	ğ 18	Taxes				-		15.3	121
	<u>2</u> 19	Depreciation and depletion		<u> </u>				ISSI MAY I G	1401/ 01
	20	Occupancy						USA	(C)
	21	Travel, conferences, and meetings		ļ					, X
•	22	Printing and publications				 _			
	23	Other expenses		 				 	
SCANNED	24				0.		0.		_
Z E	3	expenses. Add lines 13 through 23			0.		υ.		0.
2	25 26	Contributions, gifts, grants paid Total expenses and disbursements				 		 	
4 9	20	Add lines 24 and 25		1	0.		0.	1	0.
_	27	Subtract line 26 from line 12:		 					† <u>··</u>
	1	2 Excess of revenue over expenses and disburs	ements	5.0	08,242.				1
	- 1	Net investment income (if negative, enter					6,563.		
		Adjusted net income (If negative, enter -0.	-)					N/A	
623	501 1	1-23-16 LHA For Paperwork Reduction	on Act Notic	e, see instr	uctions.				Form 990-PF (2016)

623511 11-23-16

Add lines 1, 2, and 3

008,242.

Form **990-PF** (2016)

4

Other increases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Decreases not included in line 2 (itemize)

	n 990-PF (2016) KOHN CHARITABLE TRUST Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	81- 948	4683 - see i	592 nstru	ction	Page 4 1 S)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigs\) and enter "N/A" on line 1.	Γ	<u> </u>	_		
	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			1	31.
	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).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			1	31.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4_				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1	<u>31.</u>
6	Credits/Payments:	1				
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a					
b	Exempt foreign organizations - tax withheld at source					
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_				<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8_				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9_			<u> </u>	<u>31.</u>
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10_				
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11_				
	rt VII-A Statements Regarding Activities				<u> </u>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		ļ	Yes	No
	any political campaign?			1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition			1b		<u>X</u> _
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	hed or				
	distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			}		
	(1) On the foundation. \triangleright \$ 0. (2) On foundation managers. \triangleright \$ 0.	-			ļ	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
_	managers. ▶ \$ 0.					7.5
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u> </u>
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				v
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		$\frac{x}{x}$
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	18.7	/A	4a		
	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a laudation termination dissolution, or substantial contraction during the year?	1/	/ A	4b 5	_	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.			3		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
U	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. 	e law				
	remain in the governing instrument?	o luvv		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XI	,		7	X	
•	The the foundation have at least 40,000 in assets at any time during the year. It is you in the complete i are in, con (c), and i are xi	,		<u> </u>		
Ωo	Enter the states to which the foundation reports or with which it is registered (see instructions)					
- Ou	NC					
h	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			8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar				
•	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		Х
10		TMT	3_	10	X	

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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

Form 4720, to determine if the foundation had excess business holdings in 2016.)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

b If "Yes," did it have excess business holdings in 2016 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 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,

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

Form **990-PF** (2016)

X

3ь

4a

Yes X No

N/A

during the year?

Form 990-PF (2016) KOHN CHARITABLE TRUST			<u>81-46835</u>	<u>92 Page</u>	<u> 6</u>
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:			1		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir	ectly,			
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No	1	
(4) Provide a grant to an organization other than a charitable, etc., organizatio					
4945(d)(4)(A)? (see instructions)		T Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?	or oddodnoral purposse, or		es 🗓 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	dar the excentions described				
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	in riegulations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h				"	
		ınad		1	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for		. —	🗀 ".		
expenditure responsibility for the grant?		I/A	es L No		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		[15]		
a personal benefit contract?		Y€	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b X	<u>-</u>
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	_
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	y		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their		(-) Companyation	(d) Contributions to		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, othe	er er
	to position	enter -0-)	compensation	allowances	_
	PRESIDENT				
510 MEADOWMONT VILLAGE CIRCLE, #285				I	
CHAPEL HILL, NC 27517	12.00	0.	0.	0	•
CAROL KAKALEC KOHN	TREASURER			I	
510 MEADOWMONT VILLAGE CIRCLE, #285				1	
CHAPEL HILL, NC 27517	12.00	0.	0.	_ 0	
]				
	1				
					_
	1				
	1	}			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			_
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense	<u>—</u>
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other	er
NONE	develor to position	-	compensation	<u>unomanoss</u>	_
HOND					
	 	 	 -		_
		 - 		 	_
	-				
		 	 	 	
	-	J	J		
		 	ļ	 	
	-				
	<u> </u>	<u></u>	L	L	_
Total number of other employees paid over \$50,000					<u>0</u>
			Earm	990-PF (201	161

623551 11-23-16

Form 990-PF (2016) KOHN CHARITABLE TRUST	81-	4683592 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
	_	
	1	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced.	tical information such as the luced, etc.	Expenses
1		
SEE STATEMENT 4		0.
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	illes I aliu Z.	Amount
2		
All other program-related investments. See instructions.		
Table Add been 1 Abyrough 2		0.
Total. Add lines 1 through 3	<u>_</u>	Form 990-PF (2016)

P	art X Minimum Investment Return (All domestic foundations in	nust complete	this part. Foreign four	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	le, etc., purpose	s:		
а	Average monthly fair market value of securities			1a	32,901.
b	Average of monthly cash balances			1b	32,901. 35,109.
C	Fair market value of all other assets			1c	
đ	Total (add lines 1a, b, and c)			1d	68,010.
e	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	68,010.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	, see instruction	ıs)	4	1,020.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and or	n Part V, line 4		5	66,990.
6	Minimum investment return Enter 5% of line 5 ADJUSTED_FOR SHO	ORT TAX	PERIOD	6	174.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) are foreign organizations check here ▶ ☐ and do not complete this part.		operating foundations an	ıd certaın	
1	Minimum investment return from Part X, line 6			1	174.
2a	Tax on investment income for 2016 from Part VI, line 5	2a	131.		
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2 <u>c</u>	131.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	43.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	43.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part	XIII, line 1		7	43.
P	art XII Qualifying Distributions (see instructions)			- "	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	poses:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	<u> </u>
b	Program-related investments - total from Part IX-B		Į.	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitat	ble, etc., purpos	es	2	
3	Amounts set aside for specific charitable projects that satisfy the:]	
a	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, at		e 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inve	estment		1	_
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4			6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years w 4940(e) reduction of tax in those years.	vhen calculating	whether the foundation of	qualifies for the	e section

Form **990-PF** (2016)

Part XIII U	Undistributed	Income	(see instructions
-------------	---------------	--------	-------------------

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	<u>-</u>	· · · · · · · · · · · · · · · · · · ·		
line 7				43.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		0		
France distributions personal if any to 2016:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 b From 2012				
6 From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ▶\$				
a Applied to 2015, but not more than line 2a			0.	
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 2016 distributable amount	<u>-</u>			0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as indicated below:				
	0.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				43.
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)	0.			L
8 Excess distributions carryover from 2011	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012			1	
b Excess from 2013			}	1
c Excess from 2014 d Excess from 2015				
e Excess from 2016				
E LV0022 HOIH SO IO		L		Form 000 PE (0010)

623581 11-23-16

Form **990-PF** (2016)

Form 990-PF (2016) KOHN CH	<u>ARITABLE TR</u>	UST			-4683592 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	determination letter tha	t it is a private operating			
foundation, and the ruling is effective for	2016, enter the date of	the ruling	▶		
b Check box to indicate whether the found	ation is a private operati	ng foundation described	n section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for				_	
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					1
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					
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)					
(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					
Part XV Supplementary Info			if the foundation	n had \$5,000 o	r more in assets
at any time during t	he year-see inst	ructions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who	o have contributed more	than 2% of the total conf	ributions received by t	ne foundation before t	he close of any tax
year (but only if they have contributed m			•		
HAROLD L. KOHN					
b List any managers of the foundation who	o own 10% or more of th	ne stock of a corporation	or an equally large po	tion of the ownership	of a partnership or
other entity) of which the foundation has			(g - p		
NONE					
2 Information Regarding Contributi	on Grant Gift Loan	Scholarchin etc. Dr	oarame:		
Check here ► X if the foundation o		• • • •	•	not accont uncollecte	d requests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone number					
a The name, address, and telephone num	Del Di e-iliali audi ess di	ine person to whom appi	ications should be add	esseu.	
				 	
b The form in which applications should b	e submitted and informa	tion and materials they s	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s such as hy geographic	al areas, charitable fields	kinds of institutions of	r other factore	
u Any resultations of infinations of awards	o, outin as by yeographic	ui ai vas, viiai itavie iicius	ands of monthlibils, (o other ractors.	

	(
3 Grants and Contributions Paid During the Y	ear or Approved for Future I	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	Contribution	7.1100111
a Paid during the year				
NONE				
NONE				
		:		
			<u> </u>	
Total		ī	<u> 3a</u>	0.
b Approved for future payment				
NONE				
		 	· · · · · · · · · · · · · · · · · · ·	-
Total		<u> </u>	▶ 3h	0

ter arece amounte unless athenues indicated	Unrelated h	usiness income	Excluded b	y section 512, 513, or 514	(a)
ter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d)	(e) Related or exempt function income
Program service revenue:	code	Amoun	code	Amount	Tunction income
<u> </u>	_ [[}}-		
			+		
	1 1		+-+		
·	1 }		1		
	_		 		
g Fees and contracts from government agencies	-		 		
Membership dues and assessments			 		
nterest on savings and temporary cash					
nvestments			1 1		
Dividends and interest from securities			14	6,563.	
Net rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal			1 1		
property		 	1		
Other investment income			1		
Gain or (loss) from sales of assets other	1		1		
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory	 		 		
Other revenue:			1 1		
a			 		
ь	 		+		
c			 		
d			 		
Cubatal Add caluma (b) (d) and (c)		0	+-+-	6,563.	
Subtotal. Add loss 12, solumns (b), (d), and (e)		<u> </u>	<u> </u>	13	6,56
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations	a.)			13	0,,,
		plishment of E	xempt P	urposes	
art XVI-B Relationship of Activitie					
	income is reported in o		A contributed	I importantly to the accomp	olishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	olishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	olishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	olishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	plishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	plishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	plishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	plishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	plishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	plishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	plishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	plishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	plishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	plishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	plishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	plishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	plishment of
ne No. Explain below how each activity for which	income is reported in o		A contributed	I importantly to the accomp	plishment of

Part XVI				81-468 and Relationships With Noncha		<u>Pa</u>	ge 13
1 Did the		rectly engage in any of the followi	ng with any other organizatio	on described in section 501(c) of	1	Yes	No
		(3) organizations) or in section 5	•	• •			
a Transfer	s from the reporting found	ation to a noncharitable exempt o	rganization of:				
(1) Cas	h				1a(1)		X
(2) Oth	er assets				1a(2)		<u> </u>
b Other tra	· ·						
	es of assets to a noncharita				1b(1)		<u> </u>
		ncharitable exempt organization			1b(2)		<u> </u>
	ital of facilities, equipment,				1b(3)		<u>X</u>
	mbursement arrangements				1b(4)		X
	ns or loan guarantees	ombarahin ar fundraiaina agliaitati	0.00		1b(5)		X
		embership or fundraising solicitati alling lists, other assets, or paid en			1b(6)		$\frac{x}{x}$
				vays show the fair market value of the goods,		l	
				e in any transaction or sharing arrangement,		113,	
		other assets, or services received		o many transaction of charing arrangement,	011011 111		
(a) Line no	(b) Amount involved	(c) Name of noncharitable		(d) Description of transfers, transactions, and	sharing arra	ngemer	 nts
		N/A				•	
			¬···.				
			14-				
		1					

ın sectio	n 501(c) of the Code (other	I tly affiliated with, or related to, one r than section 501(c)(3)) or in sec		rations described	Yes	X] N o
b it tes,	complete the following scho (a) Name of org		(b) Type of organization	(c) Description of relations	ehin		
	N/A	ganization	(b) Type of organization	(c) Description of relations	Silib.		
	N/A						
·			-	0=_00			
							
				· · · · · · · ·			
Sign Here		nplete Declaration of preparer (other that		rei	ay the IRS di turn with the own below (s X Yes	prepare	er
	Print/Type preparer's na			Date Check If PTIN			
]	ا ا	max "	self- employed			
Paid	ROBIN MCDU	FFIE Mobin	MOULL	クルシル・	00986	511	
Preparer			CPAS, PA.	Firm's EIN ▶ 56-1			
Use Only			,				
-	Firm's address ▶ 14	14 RALEIGH RD,	SUITE 300				
			27517	Phone no. (919)	942-8	370	0
					orm 990		

Schedule B (Form 990, 990-EZ.

Department of the Treasury

or 990-PF

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

Employer identification number Name of the organization 81-4683592 KOHN CHARITABLE TRUST Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

KOHN	CHA	ፈጥፐ ସ	RLE	ጥጽዘናጥ

81-4683592

Part I	Contributors (See instructions). Use duplicate copies of Part	I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
(a)	HAROLD L. KOHN 311 CIRCLE PARK PLACE CHAPEL HILL, NC 27517	\$ 2,570,000.	Person X Payroll	
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person Payroll Noncash (Complete Part II for noncash contributions.)	
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll 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	
	8-16	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

Employer identification number

KOHN CHARITABLE TRUST

81-4683592

art II	Noncash Property (See instructions) Use duplicate copies of Part II if	addıtıc	onal space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) (See instructions) Date received			
1	7728.716 SHS JENSEN PORTFOLIO CLASS I				
		\$_	305,748.	12/27/16	
(a) No. rom	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received	
1	7452.757 SHS PRIMECAP ODYSSEY STOCK FUND				
		\$_	195,709.	12/27/16	
(a) No. rom	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received	
1	8191.75 SHS VANGUARD EQUITY INCOME FUND				
		\$_	270,000.	12/27/16	
(a) No. rom	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received	
1	3757.2627 SHS VANGUARD DIVIDEND APPRECIATION ETF	1			
	ATTABLIATION BIT	\$_	323,237.	12/27/16	
(a) No. rom	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received	
1	1675.5474 SHS VANGUARD GROWTH ETF				
_		\$_	189,287.	12/27/16	
(a) No. rom	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received	
_1	3737.8602 SHS VANGUARD HIGH DIVIDEND YIELD FUND				
		\$_	286,058.	12/27/16 90, 990-EZ, or 990-PF) (

Name of organization

Employer identification number

KOHN CHARITABLE TRUST

81-4683592

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
<u>1</u>	1863.8672 SHS VANGUARD INFORMATION TECHNOLOGY FUND			
		\$\$	12/27/16	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
1	1358.3665 SHS VANGUARD SMALL CAP ETF			
		\$\$	12/27/16	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
1	8264.4557 SHS SCHWAB - US BROAD MARKET ETF			
		\$ <u>453,471.</u>	12/27/16	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
			-	
		\$	· · · · · · · · · · · · · · · · · · ·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		

Employer identification number

<u>KOHN CI</u> Part III	HARITABLE TRUST Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete colu completing Part III, enter the total of exclusively religious, c	umps (a) through (a) and the follows	81-4683592 In section 501(c)(7), (8), or (10) that total more than \$1,000 for ang line entry. For organizations sess for the year (Enter this info once) \$\Begin{array}{c} \text{81-4683592} \\ \text{1000} \text{ for organizations} \\ \text{1000} \text{ sess for the year (Enter this info once)} \end{array}			
	Use duplicate copies of Part III if additional	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfe Transferee's name, address, and ZIP + 4		fer of gift Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			

STATEMENT

4

FORM 990-PF	DIVIDENDS	AND I	NTEREST	FROM	SECUR	ITIES	ST	'ATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		REV	A) ENUE BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTE NET INCO	
DIVIDENDS - CS - 3006	6,563.			· · · · · · · · · · · · · · · · · · ·		6,563. 6		6,563.	
TO PART I, LINE 4 6,563.		0.	·	6,563.	6,56				
FORM 990-PF		OTHER	INVEST	MENTS			ST	'ATEMENT	2
DESCRIPTION			VALUA'		B00:	K VALUE	FA	IR MARKET	r
STEARNS FINANCIAL - CHARLES SCHWAB 3006			COS	r	2	,438,242.	2,408,373.		
TOTAL TO FORM 990-P	F, PART II,	LINE	13		2	,438,242.	===	2,408,37	73.
FORM 990-PF		LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10					SI	ATEMENT	3
NAME OF CONTRIBUTOR	:		ADDRESS						
HAROLD L. KOHN	311 CIRCLE PARK PLACE CHAPEL HILL, NC 27517								

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

ACTIVITY ONE

FORM 990-PF

THE PRIMARY PURPOSE OF THE KOHN CHARITABLE TRUST IS TO HELP SECTION 501(C)(3) COMMUNITY NONPROFITS IMPROVE THE LONG-TERM OUTCOMES OF INDIVIDUALS IN THE UNITED STATES, AND TO HELP SECTION 501(C)(3) ACADEMIC INSTITUTIONS TO SUPPORT RESEARCH AND SCHOLARSHIP IN THE AREAS OF SCIENCE, MEDICINE, PUBLIC HEALTH AND SOCIAL JUSTICE. SPECIFICALLY, THE PHILANTHROPIC

FOCUS OF THE KOHN CHARITABLE TRUST IS (A) TO PROMOTE THE WELL-BEING OF CHILDREN WHO ARE UNDERPRIVILEGED AND UNDERREPRESENTED, THROUGH COLLABORATIVE EDUCATIONAL AND HEALTH INITIATIVES AND PROGRAMS THAT PROMOTE FUTURE SELF-SUFFICIENCY; (B) TO ASSIST THOSE WHO HAVE LITTLE OR NO VOICE IN SOCIETY THROUGH EMPOWERMENT AND REPRESENTATION; (C) TO AID THOSE THAT IMPROVE THE QUALITY OF LIFE OF INTELLECTUALLY DISABLED INDIVIDUALS AND TO AID THEIR EMPOWERMENT; AND (D) TO USE SCIENCE TO IMPROVE HUMAN HEALTH BY ADVANCING NEW DISCOVERY AND HEALTH OUTCOME INITIATIVES.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

0.