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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

2010

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For cal	endar year 2010, or tax year beginning	, 2010), and ending		
G Che	eck all that apply: Initial return Init	al Return of a former p	ublic charity	Fin	al return
	Amended return	Address	· —	change	
Name of	foundation	LIAddress	A	Employer identification nu	mher
			[^	, ,	
Number	& Melissa Kowitz Family Fo and street (or PO box number if mail is not delivered to st	reet address)	Room/suite B	26-1640349 Telephone number (see the	(anti-one)
		rect buaressy	Thomasune B	•	•
	Overton Way			(000) 000-00	
City or to)WN	State	ZIP code C	If exemption application is	pending, check here
Main	eville		45039 D	1 Foreign organizations, che	ck here
H C	heck type of organization X Section 50	1(c)(3) exempt private f	oundation	2 Foreign organizations mee	ting the 85% test, check
	Section 4947(a)(1) nonexempt charitable t	rust Other taxable	private foundation	here and attach computation	
I Fa	air market value of all assets at end of year J Aco	counting method. X C	ash Accrual E		
(fi	rom Part II, column (c), line 16)	Other (specify)	F	under section 507(b)(1)(A) If the foundation is in a 60	_
►ŝ	362,573. (Part I	column (d) must be or		under section 507(b)(1)(B)	
Part I			I		
1 4101	Expenses (The total of amounts in	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	columns (b), (c), and (d) may not neces-	expenses per books	ıncome	income	for charitable purposes
	sarily equal the amounts in column (a)	}	}		(cash basis only)
	(see the instructions).)		45	# A 5 35 51 51 51 51 51 51 51 51 51 51 51 51 51	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
i	1 Contributions, gifts, grants, etc, received (att sch)	र पुरस्कार के लगा स्थलक	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		100 100 100 100 100 100 100 100 100 100
	2 Ck if the foundn is not req to att Sch B	1. 16 17 19 19 19 19 19 19 19 19 19 19 19 19 19	自由的自由企业。中国等	THE REPORT OF	THE PROPERTY OF THE PARTY OF TH
	3 Interest on savings and temporary cash investments	٥.	ĺ		· " " " " " " " " " " " " " " " " " " "
	4 Dividends and interest from securities	6,881.	6,881	 	2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	5a Gross rents	0,001.	0,001	'	The second secon
	b Net rental income or (loss)	e s - a state of a state	7: 162 64 A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ъ ,	l <u> </u>	3,440.	L-6a Stmt		The state of the s
R E	6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all				
E	assets on line 6a	The second secon	2000 (1)(1) (1)(1)(1)		
Ě	7 Capital gain net income (from Part IV, line 2)	CARTER AND	3,440		
N U	8 Net short-term capital gain	The second secon	文艺,是 # 15 15 15 15 15 15 15 15 15 15 15 15 15		* NOTE OF THE
Ĕ	9 Income modifications	- 別の対象は大学のである。	Min Min the State of the Land of the	1	
	10a Gross sales less returns and allowances		THE STATE OF THE	The state of the s	
	h Less Cost of	ZBHES SEE THE		The Part of the Pa	(
	goods sold	The state of the s		1 - 1 - 1 - 1 - 1 - 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	c Gross profit/(loss) (att sch)		, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	11 Other income (attach schedule)	İ	1	{	- <u> </u>
				 	The state of the s
	12 Total. Add lines 1 through 11	10,321.	10,321	<u> </u>	
	13 Compensation of officers, directors, trustees, etc .		 	 	
	14 Other employee salaries and wages .				
<i>i</i> .	15 Pension plans, employee benefits		ļ	 	
ဂြိ ဂြိ	16a Legal fees (attach schedule)			ļ	
	b Accounting fees (attach sch)	<u> </u>			
	c Other prof fees (attach sch) L-16c Stmt	3,913.	3,913		
E-Z-STRAT->E	17 Interest			<u> </u>	
ET	18 Taxes (attach schedule)(see instr.) Excise Tax	25.			
A A	19 Depreciation (attach				
ri I	sch) and depletion			·	
ON TO	20 Occupancy	ļ	ļ	ļ	
⋑゛ੵ	21 Travel, conferences, and meetings			 	
A E	22 Printing and publications				
O P	23 Other expenses (attach schedule) See Line 23 Stmt	125.			125.
N S		125.			125.
S E	24 Total operating and administrative expenses. Add lines 13 through 23	4,063.	3,913	1	125.
5	25 Contributions, gifts, grants paid			1 27 39 32 37 3 36	18,901.
;	1	10,301.	71 4" C 126 2 JASA (444	- y - y - x - x - x - x - x - x - x - x	10,301.
	26 Total expenses and disbursements. Add lines 24 and 25	22,964.	3,913		19,026.
	27 Subtract line 26 from line 12:	22,304.	197 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LA STATE OF STATE	13,020.
	a Excess of revenue over expenses	Land Control of the C	国人政治 企业的		
	and disbursements	-12,643.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	医性感染的 一次都
	b Net investment income (if negative, enter -0-)	on the same of the regarden	6,408		The state of the s
	C Adjusted net income (if negative, enter -0-)	Line Marker			
DAA E	or Panerwork Peduction Act Notice see the			-1 -00001 07/02/10	Form QQ1-DF (2010)

N F E U T N 24 Unrestricted . 25 Temporarily restricted **26** Permanently restricted ASSETS Foundations that do not follow SFAS 117, check here В and complete lines 27 through 31. A 27 Capital stock, trust principal, or current funds. 455,482 455,482 Ā 28 Paid-in or capital surplus, or land, building, and equipment fund Retained earnings, accumulated income, endowment, or other funds . . -89,144 -101,787 0 Ε 30 Total net assets or fund balances (see the instructions) . . 366,338 353,695 Total liabilities and net assets/fund balances 366,338 353,695 (see the instructions)

Part III Analysis of Changes in Net Assets or Fund Balances

Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.

Total liabilities (add lines 17 through 22)

22 Other liabilities (describe ►

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	366,338.
2	Enter amount from Part I, line 27a	2	-12,643.
	Other increases not included in line 2 (itemize)	3	
	Add lines 1, 2, and 3	4	353,695.
5	Decreases not included in line 2 (itemize) ▶	5	
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	353,695.

E

	elissa Kowitz Family For		2	6-1640349	Page
	Losses for Tax on Investment		N11	76) 5-4-	/d\
(a) List and descr 2-story brick wareho	ibe the kind(s) of property sold (e.g., re buse; or common stock, 200 shares MLC	Company)	b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
`1a					
b					
С					
d		<u></u>			
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	_	(h) Gain or (e) plus (f) m	
a					
b					
_ c	 				·
_ <u>d</u>			 -		
Complete only for accets the	wing gain in column (h) and owned by t	he foundation on 12/21/60			
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any) th	(I) Gains (Coli gain minus column (P an -0-) or Losses (fr	(), but not less
a					
<u>b</u>					
С					
d	 			·	
	<u> </u>	 -		r	
2 Capital gain net income or (ne	et capital loss). If gain, also if (loss), ente	enter in Part I, line 7 er -0- in Part I, line 7	2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5) as	nd (6):			
If gain, also enter in Part I, Iii in Part I, line 8	ne 8, column (c) (see the instructions).	If (loss), enter -0-	3		
artiva Qualification Und	er Section 4940(e) for Reduced	Tax on Net Investmen	t Income		
'Yes,' the foundation does not qua	ection 4942 tax on the distributable amo alify under section 4940(e). Do not com in each column for each year; see the	plete this part.		Yes	X No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	s (col	(d) Distribution umn (b) divided	
2009	22,025.	326,	659		0.067425
2008	12,699.	332,			0.038225
2007	1,026.		520.		0.050000
2006					
2005					
2 Total of line 1, column (d) .			2		0.155650
Average distribution ratio for to number of years the foundation	the 5-year base period — divide the tota on has been in existence if less than 5 y	f on line 2 by 5, or by the years	3		0.051883
4 Enter the net value of noncha	ritable-use assets for 2010 from Part X	, line 5	4		340,393.
5 Multiply line 4 by line 3			5		17,661.
	ncome (1% of Part I, line 27b)		6		64.
7 Add lines 5 and 6			7		17,725.
	trom Part XII, line 4 than line 7, check the box in Part VI, lii			ax rate. See the	19,026.
Part VI instructions		<u> </u>			. 000 PF (0015)
BAA				Forn	n 990-PF (2010)

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-	- 000 PE'(0010) With a Waling Wasita Engile Boundation 26-	1640	349			Dogo A
Poin	1 990-PF (2010) Mick & Melissa Kowitz Family Foundation 26- TVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see			ions)		Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.	uie iii	ANA BALL	Ulisj	, · · ·	
,14	Date of ruling or determination letter: (attach copy of letter if necessary — see instr.)			- كدائدك	<u> </u>	ساسه الت
	Domestic foundations that meet the section 4940(e) requirements in Part V,	۱ ،				64.
	check here $\blacktriangleright \mathbf{X}$ and enter 1% of Part I, line 27b	┝÷	7.32		The land	
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)		93			15.9
					建制	2 2
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	in Y The Ci	N. Burk	S-16-6-16	0 .
3	Add lines 1 and 2	3				64.
Д	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	_			64.
2	Credits/Payments:	<u> </u>	-344 S	****	, ^ ,	04.
٠,	2010 estimated tax pmts and 2009 overpayment credited to 2010	ŀ	100			
	Exempt foreign organizations — tax withheld at source			\$20 B	, 14p	
	Tax paid with application for extension of time to file (Form 8868) 6c 25.				(3a)	د آی دو خیر د
	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	7	3.758,000		*	25.
, R	Enter any penalty for underpayment of estimated tax. Check here	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				39.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				0.
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax	11		-		
	t VII-A: Statements Regarding Activities					
				30 V	Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?			1 a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1 b		x
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials publi	chod		4		F. 30- 1-
	or distributed by the foundation in connection with the activities.	Sileu			796 E) ************************************
	Did the foundation file Form 1120-POL for this year?			1 c		X
•	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y CANAL	1.4
	(1) On the foundation . > \$ (2) On foundation managers					E TOWN
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers • \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	RELIMINATE OF THE PARTY OF THE	X
_	If 'Yes,' attach a detailed description of the activities.				18 M	\$3.00
	,					15 de 17
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		X
4	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	• •	•	4a		x
	of Yes,' has it filed a tax return on Form 990-T for this year?	•••	• • •	4b		 ^
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		x
•	If 'Yes,' attach the statement required by General Instruction T	•••	• • • •	518 5 %	70 4	, , %
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				A STATE OF	\$ ' h.
v	By language in the governing instrument, or					
		.				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that con with the state law remain in the governing instrument?	nict		6	M.W.C.	x
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7	x	†
	Enter the states to which the foundation reports or with which it is registered (see the instructions)				19.1	1

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

OH - Ohio

Form **990-PF** (2010)

X

8b X

9

10

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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV.

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*.

	rm 990-PF (2010) Mick & Melissa Kowitz Family Foundation 26-16	10349		Page :
Pai	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)	1	1	x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	1	2	x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address	. 1	3 X	
14	4 The books are in care of ► Melissa Kowitz Telephone no. ► (0	<u>oo) o</u>	00-0	000
15	Located at > 7139 Overton Way Maineville OH ZIP + 4 > 45039 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			F []
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	1	6 Ye	s No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country ►			- 4 3
Par	irt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		30,27,41,41	
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	150	Ye	s No
1 a	a During the year did the foundation (either directly or indirectly):	1	p- d ,	产 经支援
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No 3		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	- 15 miles		
		No 📑		in the second
	(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	No S		3
	for the benefit or use of a disqualified person)?	No S		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	No		
ŀ	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	المراجعة المرجعة المرجعة	1 b	· Y
	Organizations relying on a current notice regarding disaster assistance check here	43	4. 63	N. 64.7
•	c 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 2010?	A. 10	1 c	X
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)).	4 37 ×	\$ St.	
ä	a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	No 🏯	對	
	If 'Yes,' list the years ▶ 20, 20, 20			
k	b 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 statement — see the instructions.)		2b	
•	c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. > 20, 20, 20, 20	4	\$ 100 m	14. A
3 a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	No 🎏		
t	b If 'Yes,' did it have excess business holdings in 2010 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, Form 4720, to determine if the foundation had excess business holdings in 2010).	, , , , , , , , , , , , , , , , , , ,	Bb	
4 a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4	la	х

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Form 990-PF (2010) Mick & Melissa Ko			26-164	40349 Page 6
Part VII-B Statements Regarding Activit	ies for Which Forn	<u>1 4720 May Be Req</u>	uired (continued)	I m to a land Company
,5a During the year did the foundation pay or incur	•			
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	(section 4945(e))? .	L Yes 🔀	No No
(2) Influence the outcome of any specific publ	ic election (see section			
on, directly or indirectly, any voter registra(3) Provide a grant to an individual for travel,		ourposes?	Yes X	No No
			Lites A	no la
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instru	ganization described ctions)	Yes X	No Property of the Property of
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	us, charitable, scientific, n of cruelty to children o	literary, or r animals?	Yes 🗓	No
b If any answer is 'Yes' to 5a(1)-(5), did any of t described in Regulations section 53.4945 or in (see instructions)?	he transactions fail to q a current notice regard	ualify under the exception ing disaster assistance	ons	5b X
Organizations relying on a current notice regain	ding disaster assistance	e check here	▶ 🗌	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	ne foundation claim exe sibility for the grant?	mption from the	Yes	No
If 'Yes,' attach the statement required by Regu	lations section 53 4945	·5(d).		
6a Did the foundation, during the year, receive an on a personal benefit contract?			🗌 Yes 🕱	No
b Did the foundation, during the year, pay premii	ums, directly or indirectl	y, on a personal benefit	contract?	6b X
If 'Yes' to 6b, file Form 8870	-4		🗀 🗸 🖼	
7a At any time during the tax year, was the found				
b If yes, did the foundation receive any proceeds Pa社VIII影 Information About Officers, D				mployees
and Contractors	nectors, musices,	roundation manaç	gers, migniy Palu E	impioyees,
1 List all officers, directors, trustees, foundation	n managers and their c	ompensation (see instr	ections).	
	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
Mick Kowitz				
7139 Overton Way	Director			
Maineville OH 45039	5.00	0.	0.	0.
Melissa Kowitz				
7139 Overton Way	Director		_	
Maineville OH 45039	5.00	0.	0.	0.
			:	
				<u> </u>
2 Compensation of five highest-paid employee	s (other than those incl	uded on line 1— see ins	tructions). If none, ente	r 'NONE.'
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position		employee benefit plans and deferred	other allowances
N/A			compensation	
N/A				
0				•
0				-
0				
-				
			·	
0				
Total number of other employees paid over \$50,000				None
BAA	TEEA0306 0	7/23/10		Form 990-PF (2010)

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Information About Officers, Directors, Trustees, Foundation Managers, Highly P and Contractors (continued)	aid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
N/A	(a) de migration (a)
Total number of others receiving over \$50,000 for professional services	None
Partix-A Summary of Direct Charitable Activities	
	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 None	
2	0.
3	
4	
Partix:B Summary of Program-Related Investments (see instructions)	
	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 None	Amount
NOINE	
	o.
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	. None
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Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

300 marachona.y			
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes. a Average monthly fair market value of securities		1a	337,180.
a Average monthly fair market value of securitiesb Average of monthly cash balances	· · · ·	1b	8,397.
c Fair market value of all other assets (see instructions)	· · · · ·	1c	0,337.
d Total (add lines 1a, b, and c)	· · · · · }	1 d	345,577.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c	ŀ		343,311.
(attach detailed explanation)	- 1		
2 Acquisition indebtedness applicable to line 1 assets		2	
3 Subtract line 2 from line 1d	·····	3	345,577.
	}		343,377.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)		4	5,184.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	[5	340,393.
6 Minimum investment return. Enter 5% of line 5		6	17,020.
Part Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private	e opera	iting fou	ndations
and certain foreign organizations check here ► and do not complete	this pai	rt.)	
1 Minimum investment return from Part X, line 6		1	17,020.
2a Tax on investment income for 2010 from Part VI, line 5	64.		
b Income tax for 2010. (This does not include the tax from Part VI.)			
c Add lines 2a and 2b		2c	64.
3 Distributable amount before adjustments. Subtract line 2c from line 1	. [3	16,956.
4 Recoveries of amounts treated as qualifying distributions	[4	
5 Add lines 3 and 4	[5	16,956.
6 Deduction from distributable amount (see instructions)	[6	
7 Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1	[7	16,956.
			
PartixIII Qualifying Distributions (see instructions)			
1. Amounts paid (including administrative expanses) to accomplish should be at a purposes.			
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	. [1 a	19,026.
b Program-related investments — total from Part IX-B		1 b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	[2	
3 Amounts set aside for specific charitable projects that satisfy the:	į		
		3a	
b Cash distribution test (attach the required schedule)		3Ь	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	٠. إ	4	19,026.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)		5	64.
6 Adjusted qualifying distributions. Subtract line 5 from line 4		6	18,962.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w	hether th	· · · · · · · · · · · · · · · · · · ·	

qualifies for the section 4940(e) reduction of tax in those years.

BAA

Form 990-PF (2010)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7		, , , , , , , , , , , , , , , , , , , ,		16,956.
2 Undistributed income, if any, as of the end of 2010:		18.		The state of the s
a Enter amount for 2009 only	F WAY & LEE		0.	The state of the s
b Total for prior years: 20, 20, 20				*
3 Excess distributions carryover, if any, to 2010:		7 1 - 1 - 1		
a From 2005	, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,	
b From 2006 0.		*** * * * * * * * * * * * * * * * * *		Programme Programme
c From 2007 0 . d From 2008 0 .	*			
e From 2009 . 3,806.				A Selection of the sele
f Total of lines 3a through e	3,806.	,		
4 Qualifying distributions for 2010 from Part	3,000.	, we in the	Salar Salar	\$45 (\$ c. 30) \$6
XII, line 4: ► \$ 19,026.	. ' '		, <u>, , , , , , , , , , , , , , , , , , </u>	
a Applied to 2009, but not more than line 2a		- Ng), '	0.	
b Applied to undistributed income of prior years	-			1 1
(Election required — see instructions)			مد الأدار المدارة	18 1 1 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)				STORE STATE
d Applied to 2010 distributable amount	, \	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>-</u>	16,956.
e Remaining amount distributed out of corpus .	2,070.	- 		1
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the		<u> </u>	`	· · · · · · · · · · · · · · · · · · ·
same amount must be shown in column (a))	r i		A Line of	1 190
	, , , , , ,			i i i i i i i i i i i i i i i i i i i
6 Enter the net total of each column as indicated below:		, •	. 16	
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	5,876.			
b Prior years' undistributed income. Subtract		* * -	Egi v isk it	
line 4b from line 2b		0.		مواقع المارية br>المارية المارية الماري
c Enter the amount of prior years' undistribut-			* / t	
ed income for which a notice of deficiency has been issued, or on which the section	,		. T	
4942(a) tax has been previously assessed	, , , , , , , , , , , , , , , , , , , ,		#	<u> </u>
d Subtract line 6c from line 6b. Taxable				
amount – see instructions		0.	· · · · · · · · · · · · · · · · · · ·	- X - 241
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount — see instructions	·	:		* · · · * · · · · · · · · · · · · · · ·
inte za. Taxable amount — see msu ucuons .	7 1 2 2 1 7 7 7 7		0.	**
f Undistributed income for 2010. Subtract lines	,	, ,	·	
4d and 5 from line 1. This amount must be distributed in 2011		- ,		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)			·	
(see instructions)				
8 Excess distributions carryover from 2005 not	_	The second of the second		Part of the Control o
applied on line 5 or line 7 (see instructions)	0.		. Pajl	and a second
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	5,876.			
10 Analysis of line 9:	5,675.			
a Excess from 2006			• • •	
b Excess from 2007 0.				in the same of
c Excess from 2008 0 .	·	the time of	Francis But	
d Excess from 2009 3,806 .	jaş.			
e Excess from 2010 2,070 .				1. 67 为外域

Form 990-PF (2010) Mick & Melissa K				26-164034	9 Page 10		
Private Operating Foundations (see instructions and Part VII-A, question 9) 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling							
 is effective for 2010, enter the date of the r 	uling	•		and the ruling ▶			
b Check box to indicate whether the foundation		ating foundation des	**	4942(j)(3) or	4942(j)(5)		
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	 			
investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total		
b 85% of line 2a	· · · · · · · · · · · · · · · · · · ·						
 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				<u> </u>			
(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()(3)(B)(iii)							
(3) Largest amount of support from an exempt organization							
(4) Gross investment income							
Rant Supplementary Information (assets at any time during the	(Complete this	part only if the	organization ha	d \$5,000 or mor	e in		
		structions.)					
 Information Regarding Foundation Manage a List any managers of the foundation who had 	e rs: ave contributed mor	e than 2% of the tot	al contributions rec	erved by the foundati	on before the		
close of any tax year (but only if they have	contributed more th	nan \$5,000). (See se	ection 507(d)(2).)	erved by the loundati	on before the		
Mick Kowitz and Melissa Ko	witz						
b List any managers of the foundation who ov	vn 10% or more of	the stock of a corpo	ration (or an equally	V large portion of the	ownership of		
a partnership or other entity) of which the fo	oundation has a 10	% or greater interest	t.	range portion or the	Ownership of		
none							
2 Information Regarding Contribution, Grant	Gift Loan Schola	rshin etc Program			· · ·		
Check here X if the foundation only makes	akes contributions t	o preselected charit	able organizations	and does not accept	unsolicited		
complete items 2a, b, c, and d.							
a The name, address, and telephone number	of the person to wh	nom applications sho	ould be addressed:				
b The form in which applications should be su	ibmitted and inform	ation and materials	they should include	:			
							
c Any submission deadlines.							
d Any restrictions or limitations on awards, su	ich as by geograph	cal areas, charitable	e fields, kinds of ins	stitutions, or other fac	tors:		
_	, ,	,	,	, , , , , , , , , , , , , , , , , , , ,	-		
	·						

Rant Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to any foundation manager or Purpose of grant or contribution status of Amount recipient Name and address (home or business) substantial contributor a Paid during the year The Branches of the Vine Church PO Box203 Cincinnati OH 45040 n/a Public Programs 500. American Cancer Society 2808 Reading Road Cincinnati OH 45206 Public Programs 575. American Red Cross 2111 Dana Avenue Cincinnati OH 45207 Public Programs 1,000. Drop Inn Center 217 W. 12th Street Cincinnati OH 45202 Public | Programs 5,500. Susan G. Koman Cancer Society 205 N. Michigan Ave Public | Programs Chicago IL 60601 326. Shared Harvest 5901 Dixie Highway Fairfield OH 45014 Public Programs 5,500. City Gospel Mission 1419 Elm Street Cincinnati OH 45202 Public Program 5,500. Total 18,901. b Approved for future payment **Total** 3Ь

Part XVI-A: Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		Unrelat	Unrelated business income		ed by section 512, 513, or 514	(4)	
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (see the instructions)	
_	ram service revenue:			code	ļ	(**************************************	
в				1		 	
		 		 			
						 	
		<u> </u>	-	 			
f				<u> </u>	-		
g Fees	and contracts from government agencies						
2 Meml	bership dues and assessments						
3 Interes	st on savings and temporary cash investments			14	0.		
	ends and interest from securities			14	6,881.		
5 Net re	ental income or (loss) from real estate:		公路 3 化 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	financed property			ļ			
	lebt-financed property						
	ntal income or (loss) from personal property						
	r investment income					<u> </u>	
	r (loss) from sales of assets other than inventory		· · · · · · · · · · · · · · · · · · ·	18	3,440.		
	ncome or (loss) from special events	<u> </u>		-			
	s profit or (loss) from sales of inventory .	建筑物性积	POWER PROPERTY.	Special street		Market State of the	
a a	revenue.	2000年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	TO A PROPERTY OF	表表記記時者到	SAL CONTRACTOR OF SALES	医病性病院	
		 		-			
e							
				光彩	10,321.		
	. Add line 12, columns (b), (d), and (e)				13	10,321.	
See works	heet in line 13 instructions to verify calculation	ns.)	 				
Part XVI	Barrel Relationship of Activities to the	Accompl	ishment of Exempt	t Purp	oses		
Line No.	Explain below how each activity for which included accomplishment of the foundation's exempt in					to the	
	7.5.5	ourposes (oth	ner than by providing fur	nds for s	uch purposes). (See the	e instructions)	
3	Soley grant making entity						
4	Soley grant making entity				 		
8	Soley grant making entity				.		
							
					-		
			- 	 -		·	
÷ .					-		
				-	·-····································		
			-	 -			

Form 990-PF (2010) Mick & Melissa Kowitz Family Foundation 26-1640349

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								Yes	S No
1 Did th	ne organization direct libed in section 501(c	ly or indirectly e	ngage in any of the	he following w	ith any oth	er organization) 227		1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
relatu	ng to political organiz) of the Code (o ations?	mer man section	our(c)(s) orga	mizations)	or in section 5	27,		
	fers from the reporting		a noncharitable e	vemnt organia	ation of				S 16
	•	ig louridation to							لننث أ
	Cash	•				• • •	• • • • •	1a (1)	<u> </u>
	other assets	•		• • •		•••		. 1a(2)	<u> X</u>
b Other	transactions.								
	ales of assets to a no							1b(1)	X
(2) P	urchases of assets fr	om a noncharita	ible exempt organ	nization .				1 b (2)	Х
(3) R	tental of facilities, equ	iipment, or othe	r assets					1 b (3)	X
(4) R	leimbursement arrang	ements .						1b (4)	x
	oans or loan quarante							1b (5)	x
• •	erformance of service		in or fundraising					1b (6)	x
	ng of facilities, equipi					•			$\frac{x}{x}$
Contain	ng or racinges, equipi	nent, manning its	113, 011101 233013,	or paid employ	, ccs .	•••	••	. <u> 1¢ </u>	
d If the	answer to any of the	above is 'Yes.'	complete the folio	wina schedule	. Column	(b) should alw:	evs show the fair m	arket value of	
the go	answer to any of the oods, other assets, or	services given	by the reporting f	oundation. If the	ne foundat	ion received le	ss than fair market	value in	
any tr	ransaction or sharing				he goods,	other assets, o	or services received	<u>1 </u>	
(a) Line no	(b) Amount involved	(c) Name	of noncharitable exem	pt organization	(ď)	Description of tra	insfers, transactions, an	d sharing arrangemer	nts
						···			
					-	 -			
		+							
		1						 	
	 	_			_				
	ļ								
	· · · · · · · · · · · · · · · · · · ·								
_									
			-				•		
								· · · · · · · ·	
								<u>-</u>	
	<u> </u>	!		 					
2a is the	foundation directly o	r indirectly affilia	ted with, or relate	ed to, one or n	nore tax-e	kempt organiza	ations	n. e	J.,
	ibed in section 501(c)		ner than section :	501(c)(3)) or 11	n section 5	2/?	• • • • • • • • • • • • • • • • • • • •	. Yes 🗓] NO
b if 'Yes	s,' complete the follow								
	(a) Name of organiza	ation	(b) Type	of organization	n		c) Description of re	lationship	
	· · · · · · · · · · · · · · · · · · ·								
Unde	er penalties of perjury, I dec	lare that I have exam	uned this return, includ	ing accompanying	schedules an	d statements, and t	o the best of my knowled	ge and belief it is true	
corre	ect, and complete. Declarati	on of preparer (other	than taxpayer or fiduci	iary) is based on a	I information	of which preparer h	as any knowledge	ge and benef, it is true	,
Sign	/) / -	D 17 5	-			.	•		
Here L	Melissa	1). (Cowa	T		8	5-14-11	· Dued	70	
	Signature of officer or truste	e	-		Date		Title		
I	Print/Type preparer's r	name	Preparer's s	ignature //	1/	Date		PTIN	
.		- , /	7/4	- Cold		8.12-	.,		Q 2
Paid	Thomas I	Schulta		7)17	<u></u>	 	' 	19014375	12
Preparer		THOMAS J.		ATTORNEY	AT LA	N	Firm's EIN - 101-1	358835	
Use Only	Firm's address		CELLOR DR S	STE 200			4		
<u>_</u>		CRESTVIEW	HILLS		KY 41	017	Phone no.		
RAA							· · · · 	Form 990 DE	(2010)

Net Gain or Loss From Sale of Assets

2010

Name Employer Identification Number Mick & Melissa Kowitz Family Foundation 26-1640349 **Asset Information:** Description of Property: . . . PNC Advisors Account Date Acquired. Various How Acquired: . . Purchased Date Sold **Various** Name of Buyer: Sales Price: . 12,656. Cost or other basis (do not reduce by depreciation) . 9,216. Sales Expense: Valuation Method. Cost 3,440. Accumulation Depreciation: Total Gain (Loss). Description of Property. . Date Acquired: How Acquired Date Sold: Name of Buyer: Sales Price: . Cost or other basis (do not reduce by depreciation) Sales Expense Valuation Method . Accumulation Depreciation: . Total Gain (Loss). Description of Property: How Acquired: . . . _ Date Acquired. Date Sold: . Name of Buyer: ...__ Sales Price: . . Cost or other basis (do not reduce by depreciation) ... Sales Expense: Valuation Method. . Total Gain (Loss) ...___ Accumulation Depreciation: ... Date Acquired: How Acquired. . Date Sold: Name of Buyer. Sales Price Cost or other basis (do not reduce by depreciation) Sales Expense: Valuation Method: . Total Gain (Loss): Accumulation Depreciation Description of Property: . . . How Acquired . Date Acquired Date Sold: Name of Buyer: Sales Price: . Cost or other basis (do not reduce by depreciation) ... Sales Expense: . Valuation Method: Accumulation Depreciation: . . . ___ Total Gain (Loss): . Description of Property: How Acquired: ___ Date Acquired: Date Sold ... Name of Buyer: ... Sales Price: ... Cost or other basis (do not reduce by depreciation) ... Sales Expense: Valuation Method. . Total Gain (Loss): Accumulation Depreciation: . . . Description of Property: . Date Acquired: ._____ How Acquired: .. Date Sold: . Name of Buyer: . Cost or other basis (do not reduce by depreciation) Sales Price: Sales Expense. . . Valuation Method. Total Gain (Loss): Accumulation Depreciation: Description of Property: . Date Acquired: How Acquired... Date Sold. Name of Buyer: Sales Price. . Cost or other basis (do not reduce by depreciation) Valuation Method: . . Sales Expense: Total Gain (Loss): _____ Accumulation Depreciation: . .

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Filing Fees	100.			100.
Bank Ser Chrgs	25.			25.

Total <u>125.</u> <u>125.</u>

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PNC Advisors	Invest Consult	3,913.			

Total **3,913.**

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

	End of Year			
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value		
PNC Investments Acct	347,847.	356,725.		
Total	347,847.	356,725.		

8868 mrs

(Rev. January 2011)
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.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension,					► 🗸	
	are filing for an Additional (Not Automatic) 3-M						
	complete Part II unless you have already been			-			
Electro	nic filing (e-file). You can electronically file Form	1 8868 if yo	ou need a 3-month automatic extens	ion of time	e to file (6 months for	
a corpo	ration required to file Form 990-T), or an addition	nal (not aut	omatic) 3-month extension of time.	You can el	ectronic	ally file Form	
8868 to	request an extension of time to file any of the	torms liste	d in Part I or Part II with the excep	tion of For	m 8870	, Information	
	for Transfers Associated With Certain Persona						
	ons). For more details on the electronic filing of the				nties & N	Ionprofits.	
Part I							
•	ration required to file Form 990-T and reque						
	corporations (including 1120-C filers), partnersh come tax returns.	прѕ, немк	s, and trusts must use Form 7004 t	to request	an exter	ision of time	
Type or				Employer in	lentificat	ion number	
print	Mick & Melissa Kowitz Family Foundation				ployer identification number		
•	Number, street, and room or suite no. If a P.O. be	ov see instr	uctions	26-1640349			
File by the due date for	J · · · · · · · · · · · · · · · · · · ·	OX, 300 III3ti	dolloris.				
filing your	City town as past office atota and 7ID and a Fo	r a foreign a	ddress see instructions				
return. See		i a ioreigii a	ddiess, see instructions.				
1130 000011	s. Maineville, Onto 45039						
Enter the	Return code for the return that this application i	is for (file a	separate application for each return)		. 04	
	<u> </u>						
Applica	ation	Return	Application			Return	
Is For		Code	Is For			Code	
Form 9		01	Form 990-T (corporation)			07	
Form 9		02	Form 1041-A			08	
Form 9	90-EZ	03	Form 4720	·		09	
Form 9		04	Form 5227			10	
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
	La carto Haraca (N. 1861) and Maritim						
• The bo	ooks are in the care of Melissa Kowitz			·	••		
Telenh	one No. ► 513-398-8994	F	AX No. ►				
	organization does not have an office or place of b		**************************************		-	_ □	
a if this i	s for a Group Return, enter the organization's for	ır digit Gro	un Exemption Number (GEN)		. if th	· · ·	
for the v	hole group, check this box	it is for par	t of the group, check this box	<u> </u>	" " and a		
	h the names and EINs of all members the extens	-	tor the group, encore this box		and a	Racii	
	request an automatic 3-month (6 months for a co		required to file Form 990-T) extension	n of time	·		
			zation return for the organization name		The evi	encion ic	
	or the organization's return for:	npt organi	and it is a significant of the	ned above	. 1110 021	.6113101113	
	→ □ calendar year 20 10 or						
	→ ☐ tax year beginning	20	and ending		20		
,	LI tax year beginning	, 20	, and onding		, 20		
2 l	f the tax year entered in line 1 is for less than 12 r	months, ch	eck reason:	nal return			
	Change in accounting period	,		.a. rotairi			
L	J Onlings in accounting ported						
3a 1	this application is for Form 990-BL, 990-PF, 99	0-T, 4720.	or 6069, enter the tentative tax. less	any	Γ		
nonrefundable credits. See instructions.			,	3a	\$	25.00	
	f this application is for Form 990-PF, 990-T,	4720, or 6	069, enter any refundable credits	and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.					0	
	Balance due. Subtract line 3b from line 3a, Include ye			TPS 3b	† -		
	Electronic Federal Tax Payment System). See instruc			3с	\$	25.00	
Caution	. If you are going to make an electronic fund	withdrawal	with this Form 8868, see Form 84				
	t instructions.		·				

Form 8868 (F	(ev. 1-2011)				Page ∠
• If you are	e filing for an Additional (Not Automatic	c) 3-Month Exter	nsion, complete only Part II an	id check this box	▶ 🗆
Note. Only	complete Part II if you have already be	en granted an au	tomatic 3-month extension on a	previously filed Form	
	e filing for an Automatic 3-Month Exter			, , , , , , , , , , , , , , , , , , , ,	
Part II	Additional (Not Automatic) 3-Mo			al Ino copies needed	4)
Type or				Employer identifica	
print					adon Hamber
File by the	Number street and room or suite no. If a	_ 			
extended	ended a date for City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
due date for					
return. See					
instructions.	<u> </u>				
Enter the F	Return code for the return that this applic	cation is for (file a	separate application for each re	etum)	
				•	
Applicati	on	Return	Application		Return
is For		Code	is For		Code
Form 990		01	\$4554V55765V6V44V5		
Form 990		02	Form 1041-A		08
Form 990		03	Form 4720		09
		04	Form 5227		
Form 990			Form 6069		10
	-T (sec. 401(a) or 408(a) trust)	05			11
	-T (trust other than above)	06	Form 8870		12
	not complete Part II if you were not alre		utomatic 3-month extension on	a previously filed For	m 8868.
 The book 	s are in the care of ▶	,			
Telephon			No. ▶	********	
 If the org 	anization does not have an office or plac	ce of business in	the United States, check this bo	x	▶□
 If this is f 	or a Group Return, enter the organizatio	n's four digit Gro	up Exemption Number (GEN)	If	this is
for the who	ole group, check this box	. If it is for par	t of the group, check this box .	▶ 🔲 and	attach a
list with the	e names and EINs of all members the ex	tension is for.			
4 I red	quest an additional 3-month extension o	f time until		, 20	
5 For	calendar year, or other tax year b	eainnina	. 20 and end	dina	. 20
6 If th	e tax year entered in line 5 is for less that	an 12 months, che	eck reason:	☐ Final return	
	Change in accounting period	,			
, SIA	te in detail why you need the extension				
0- 16-16	la annila attanta da fan Farra 000 Dt. 000 F	OF 000 T 4700	on COCO contain the territative terri	1222 200 1	
	is application is for Form 990-BL, 990-F	F, 990-1, 4720,	or 6069, enter the tentative tax,	- 1 1	
	refundable credits. See instructions.			8a \$	
	nis application is for Form 990-PF, 99				
	mated tax payments made. Include ar	ny prior year ove	rpayment allowed as a credit	and any	
amo	ount paid previously with Form 8868.			8b\$_	
c Bala	ance due. Subtract line 8b from line 8a. Inc	lude your paymen	t with this form, if required, by usir	ng EFTPS	
(Elec	ctronic Federal Tax Payment System). See	instructions.		8c \$	
		Signature and	Verification		
Under penalti	es of perjury, I declare that I have examined this fo	_		to the best of my knowledg	e and belief, it is
	and complete, and that I am authorized to prepare t			, ,	·
Signature >	1/25 CAT	Title►	A.4. 11.	Date ▶ 5	11/11
3.14.410 -	VE PA		Attorney et Law	- /00	60 77
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