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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.irs.gov/form990pf.

Open to Public Inspection

OMB No 1545-0052

		lendar year 2015 or tax year beginning				, 2015,	and endir			, 20
		of foundation							A Employer identif	
_		ALSKI FAMILY FOUNDATION							46-409608	· · · · · · · · · · · · · · · · · · ·
1	Numbe	er and street (or P O box number if mail is not delive	red to str	reet a	ddress)		Room/suite		B Telephone numb	er (see instructions)
	_									05.45
_		ROOKVALE ROAD						$\perp$	(973) 49	92-9541
(	City or	town, state or province, country, and ZIP or foreign	postal co	de					C If exemption poster	ation is
		NET 01 NT 07405							C If exemption application pending, check here	
_		NELON, NJ 07405			Indial astron	al a fa	ت عام ماطید	-		. —
G	une	eck all that apply Initial return		$\vdash$	Initial return		oublic chari	ıy	D 1 Foreign organiza	
		Final return Address change		$\vdash$	Amended re Name chang				2 Foreign organiza 85% test, check	here and attach
_	Che	eck type of organization X Section 50		\				$\dashv$	computation .	▶□
ï		Section 4947(a)(1) nonexempt charitable trust		<u> </u>	her taxable pr		tion		·	n status was terminated
$\frac{1}{1}$					nethod. X C		rual	$\dashv$	•	o)(1)(A), check here .
•		of year (from Part II, col (c), line	Other	-		asii	, dui			s in a 60-month termination
					) must be on ca	sh basıs )		-		
		Analysis of Revenue and Expenses (7	ho		evenue and	,				(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	'		enses per	(b) Net inve		(c	Adjusted net income	for charitable purposes
_		column (a) (see instructions) )			books	1110011				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)			,107,900.					·
	2	Check ► if the foundation is not required to attach Sch B	°.							
	3	Interest on savings and temporary cash investment			7.		7.			ATCH 1
	4	Dividends and interest from securities	-		4,012.		4,012.			ATCH 2
	5a	Gross rents	·							<u> </u>
		Net rental income or (loss)								
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales pince for all	-							
Ver	"	assets on line 6a	-		·					
Š	7	Capital gain net income (from Part IV, line 2)								
_	8	Net short-term capital gain								ļ
	9 10 a	Income modifications	-							
	١.	and allowances	<del></del>							
	l	Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule)								T
	12	Total. Add lines 1 through 11		1	,111,919.		4,019.			
_	13	Compensation of officers, directors, trustees, etc.	<u>. L</u>		Ö.					
nses	14	Other employee salaries and wages								
ens	15	Pension plans, employee benefits	. 🗀							
ă	16a	Legal fees (attach schedule)				<u> </u>				
E O		Accounting fees (attach schedule)				CEIVED	<u> </u>			
₹	С	Other professional fees (attach schedule).	·		<u> </u>		그의			
itra	17	Interest			900   MA'	1 9 2016				
nis	18	Taxes (attach schedule) (see instructions)			12.4		(v)		<del>.</del>	<del></del>
Ξ	19	Depreciation (attach schedule) and depletion			00	TIENI III	<del>/ =-   </del>			<u> </u>
A	20	Occupancy			1 00	DEN, U	<del>! </del>			<del> </del>
þ	21	Travel, conferences, and meetings								<del>                                     </del>
a	22	Printing and publications								
Ë	23 24 25	Other expenses (attach schedule) Total operating and administrative expense								<del>                                     </del>
era	<b></b>	Add lines 13 through 23			0.					
ă	25	Contributions, gifts, grants paid								<u> </u>
_	26	Total expenses and disbursements Add lines 24 and			0.					0
_	27	Subtract line 26 from line 12								
		Excess of revenue over expenses and disbursements .	. [	1	,111,919.					
	b	Net investment income (if negative, enter -0	-)				4,019.			
_	С	Adjusted net income (if negative, enter -0-).								
F	or Pai	perwork Reduction Act Notice, see instruction	ns.		-					Form <b>990-PF</b> (2015)

JSA For Paperwork Reduction Act Notice, see instructions.
5E1410 1 000 8669HC L161 5/10/2016 3:00:09 PM

Part II		Balanco Shoote	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End of year	
_	artır	· Dalatice Stiects	amounts only (See instructions )	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-beari	ing				
			cash investments	2,225.	6,2	244.	6,244.
						,	
		Less allowance for dou	btful accounts ▶				
i	4	Pledges receivable ▶			o #W.M.		
		Less allowance for dou	btful accounts ▶				
	5	Grants receivable					
	6	Receivables due from	officers, directors, trustees, and other				
		disqualified persons (at	tach schedule) (see instructions)				
	7	Other notes and loans r	receivable (attach schedule) 🕨	E PER ALISE	<u>-                                    </u>	i sign	<u>* ***********************************</u>
		Less allowance for dou	btful accounts ▶				
ets	8	Inventories for sale or us	se				
Assets	9	Prepaid expenses and d	eferred charges				
٧			e government obligations (attach schedule)				
			stock (attach schedule) ATCH 3	252,532.	1,360,4	132.	1,347,597.
			bonds (attach schedule)	40. 494. XX			
		Investments - land, buildings and equipment basis	· •		S(S(34))		<u> </u>
		Less accumulated depreciation  (attach schedule)					
			loans				
	13 14	Investments - other (atta Land, buildings, and	ach schedule)	99, 5.6 h 48% )	110	1.0140 %	
		equipment basis		ZG YOU S	- W	£ma -	· · · · · · · · · · · · · · · · · · ·
		Less accumulated deprecia (attach schedule)	ation -				
		Other assets (describe					
			completed by all filers - see the				
_		instructions Also, see p	age 1, item I)	254,757.	1,366,6	76.	1,353,841.
	17	Accounts payable and a	accrued expenses				The state of the s
	18	Grants payable					Si Tanganina
ies	19	Deferred revenue					The state of the s
ij	20	Loans from officers, directo	ors, trustees, and other disqualified persons				The transfer of the second
Liabilities		* *	otes payable (attach schedule)				12 114 50 simundan and find the state of the
-	22	Other liabilities (describe	e <b>►</b> )				n " hadden yn grafen yn i'r
			47.11			^	
4			es 17 through 22)	0.		0.	
s			low SFAS 117, check here		1		20 TO 10 TO
alances		and complete lines	24 through 26 and lines 30 and 31.				The state of the s
au							All And the second
Ва		Temporarily restricted .					
פ		Permanently restricted.			1		
Net Assets or Fund Ba			not follow SFAS 117, ► X				
늣			plete lines 27 through 31.	254 757	1 200	-7.0	
S		• • •	cipal, or current funds	254,757.	1,366,6	0/6.	
set		, ,	r land, bldg, and equipment fund				
AS		•	ulated income, endowment, or other funds	054 353	1 266 6	-7.6	
e (			d balances (see instructions)	254,757.	1,366,6	76.	
z		Total liabilities and	•	254 353	1 266 6	-7.0	
			and in Not Access of Freed Dele	254,757.	1,366,6	0/6.	****
	art III		nges in Net Assets or Fund Bala				·
1			palances at beginning of year - Part				254 757
_			ed on prior year's return)		l l	1	254,757.
2			line 27a			2	1,111,919.
			ded in line 2 (itemize) ▶			3	1 200 070
		lines 1, 2, and 3				4	1,366,676.
		eases not included in			1) 1	5	1 200 070
<u>6</u>	Tota	I net assets or fund b	palances at end of year (line 4 minus	s line 5) - Part II, column (	b), line 30	6	1,366,676.

Part IV. Capital Gains	s and Losses for Tax on Inv	estment Income			
	nd describe the kind(s) of property sold	. •	(b) How acquired	(c) Date acquired	(d) Date sold
2-story I	brick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo , day, yr )	(mo, day, yr)
<u>1a</u>					
_b					
<u>C</u>					-
d					
<u>.e</u>	1			<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
	(or anowable)	plus expense or sale		(e) plus (i) illilit	us (g)
a					
					<del></del> .
<u>C</u>				<del></del>	
<u>d</u>		<del></del>	-		
e Constitution of the constitution		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Complete only for assets	showing gain in column (h) and owne	T		Gains (Col (h) g	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	COI	(k), but not less t Losses (from co	
	23 01 12/31/03	over cor (), ii arry			
<u>a</u>				•	
<u>b</u>					
<u>C</u>		1			
е		i son also ester in Bort Line 7 . >	<del>                                     </del>		
2 Capital gain net income		gain, also enter in Part I, line 7 }	2		
3 Net short-term capital o	ain or (loss) as defined in sections		-		
	Part I, line 8, column (c) (see ins				
	Under Section 4940(a) for Po	duced Tax on Net Investment I	ncomo		
		ne section 4940(a) tax on net investi		m n \	
(i or optional use by domest	ic private roundations subject to the	ie section 4340(a) tax on het investi	inent inco	, iiie <i>)</i>	
If agotton 4040/d\/2\ anning	loove this part blank				
If section 4940(d)(2) applies	, leave this part blank				
Was the foundation liable for	the section 4942 tay on the distrib	butable amount of any year in the b	ase nerio	42	Yes X No
	not qualify under section 4940(e)	* *	ase peno		] 100 [] 110
		ar, see the instructions before making	ng anv ent	ries.	
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2014	7,614,083.	1,209,468.		(00. (0) 0000 0)	6.295398
2013	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	289,480.			
2012					
2011					
2010					
	1	1			
2 Total of line 1, column (	d)		2		6.295398
		de the total on line 2 by 5, or by the			
-	·	• • •	3		3.147699
number of years the lou	indation has been in existence in les	ss than 5 years			3.11.7033
A Franche not value of n	anaharitahla waa aasata far 2015 fi	rom Dort V line F	4		272,583.
4 Enter the net value of no	oncharitable-use assets for 2015 fr	rom Part X, line 5	<del>-</del>		212,303.
- 11 11 11 1			5		858,009.
5 Multiply line 4 by line 3			•		030,003.
			_		40.
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)	• • • • • • • • • • • • • • • • • • • •	6		40.
m Add			,		858,049.
7 Add lines 5 and 6			7		000,049.
					^
	tions from Part XII, line 4		8	40/ /	0.
Part VI instructions	greater than line 7, check the box	in Part VI, line 1b, and complete	ınat part	using a 1% ta	x rate See the
rait vi instructions					

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ction	s)			
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1						
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			80.			
þ	b Domestic foundations that meet the section 4940(e) requirements in Part V, check						
	here ▶ and enter 1% of Part I, line 27b						
С	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J 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						
3	Add lines 1 and 2			80.			
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			80.			
6	Credits/Payments						
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a						
b	Exempt foreign organizations - tax withheld at source 6b						
С	Tax paid with application for extension of time to file (Form 8868) 6c						
d	Backup withholding erroneously withheld						
7	Total credits and payments Add lines 6a through 6d			0.			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			80.			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶ 11						
	t VII-A Statements Regarding Activities	_					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No			
	participate or intervene in any political campaign?	1a		X			
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			,			
	Instructions for the definition)?	1b		X			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities			X			
	c Did the foundation file Form 1120-POL for this year?						
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation ▶ \$(2) On foundation managers ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on						
_	foundation managers > \$	•		х			
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	3		Х			
4-	Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a		X			
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<u> </u>			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х			
5	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			İ			
Ü	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that						
	conflict with the state law remain in the governing instrument?	6	Х				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X				
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)						
•••	NJ,						
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 <sup>o</sup> If "No," attach explanation	8b	Х				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		·				
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"						
	complete Part XIV	9		Х			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses .ATCH 4	10		Х			
		00	A DE	· • • • • • • • • • • • • • • • • • • •			

Par	t 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		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
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	Х	
	Website address ► N/A			
14	The books are in care of ▶ MICHAEL J KOWALSKI Telephone no ▶ 973-492	-954	1	
	Located at ▶5 BROOKVALE ROAD KINNELON, NJ ZIP+4 ▶ 07405			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the year		-	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	600006 No. 10	%	T. 77.77
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	21.1	Yes	No
1a	During the year did the foundation (either directly or indirectly)	<u> </u>	7	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	ı	ر بر الرابع الماري	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1,72 1	S Sec.	
	disqualified person?	Ĭ	1.5	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	F38	i eype	•
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X	1230		
	(,, , , , , , , , , , , , , , , , , , ,	60.2	Wiredia.	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		200	àn:
	· · · · · · · · · · · · · · · · · · ·	n po	75	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	* 3.E2	Y)	
	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)	W.		
	· · · · · · · · · · · · · · · · · · ·	3.00	Mariani,	Sec.
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		لسالاند
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	( i t m		1 2
	Organizations relying on a current notice regarding disaster assistance check here		MAC.	7. 9
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	سندست	3777833	X
_	were not corrected before the first day of the tax year beginning in 2015?	1c	70000	17-46-7
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			4.2
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	·		***
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and	١,	ر) در	. ]
	6e, Part XIII) for tax year(s) beginning before 2015? Yes X No			
	If "Yes," list the years		٠.	
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 instructions )	2b	~ <sub>555</sub>	, ^gi
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	- ,	41.5	1
	· · · · · · · · · · · · · · · · · · ·	J. J. C.	18 7.5 St.	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	44,	. 1	e 10
	at any time during the year?	11,1		
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	11.		
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1381		
	Commissioner under section $4943(c)(7)$ ) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		BOTTON I
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	ستنشد	3	-223
	foundation had excess business holdings in 2015 )	3b	<u></u>	
4a	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	نقعتما	» <u>;</u>	`, ' d
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X

Pai	t VII-B	Statements Regarding Activities	for Which Form	4720 May Be Rec	uired (continued)		
5a	During th	ne year did the foundation pay or incur any amo	ount to				
	(1) Carr	y on propaganda, or otherwise attempt to influ	ence legislation (section	n 4945(e))?	. Yes X No	,	
		ence the outcome of any specific public ele					
directly or indirectly, any voter registration drive? Yes X No							
		ide a grant to an individual for travel, study, or o				,	
		ide a grant to an organization other than a	, ,				
		on 4945(d)(4)(A)? (see instructions),				,	
		ide for any purpose other than religious, c					
		oses, or for the prevention of cruelty to children				,	
ь		nswer is "Yes" to 5a(1)-(5), did any of the					
-	-	ons section 53 4945 or in a current notice regal		· ·		5b	
		itions relying on a current notice regarding disa					
С	_	nswer is "Yes" to question 5a(4), does the				_	
٠		it maintained expenditure responsibility for the		•			
		· · · · · · · · · · · · · · · · · · ·	•		res rec	<b>'</b>	
٠.		attach the statement required by Regulations se					
6a		foundation, during the year, receive any full	•				
		sonal benefit contract?				'   <sub>6b</sub>	
b		oundation, during the year, pay premiums, directions of the form 8870	ectly or indirectly, on a	personal benefit contra	ici'	00	A
7.		o ob, <i>lile Form 6670</i> me during the tax year, was the foundation a p					
7a b		the during the tax year, was the foundation a p did the foundation receive any proceeds or ha					
	rt VIII	Information About Officers, Directo	•				<u> </u>
Га		and Contractors				noyees,	
_1_	List all o	fficers, directors, trustees, foundation					
		(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans		se account, lowances
			devoted to position	enter -0-)	and deferred compensation		
ATC	U 5			0.	0.1		0.
AIC	пэ	<del></del>		0.	· · ·		<u> </u>
	<del>.</del>						
		· · ·					
	0	- Air - A Sira birbara - Air - A	/-4b 4b	. In the dead on the		\ If	
2	"NONE."	sation of five highest-paid employees	(other than thos	e included on lin	e 1 - see instructi	ons). If n	one, enter
(a)		address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		se account, lowances
	NONE						
					,		
Total	number	of other employees paid over \$50,000.					
						Form <b>99</b>	<b>0-PF</b> (2015)
							, ,

	_		-
ŀ	-80	ıe	•

Form 990-PF (2015)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hi and Contractors (continued)	ghly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions).	f none, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) T	ype of service (c) Compensation
NONE	
	0
Total number of others receiving over \$50,000 for professional services	<u></u>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information s organizations and other beneficianes served, conferences convened, research papers produced, etc.	uch as the number of Expenses
1 N/A	
2	
3	
4	
Part IX-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	Amount
1 NONE	
2	
All other program-related investments See instructions	
3 NONE	
Total Add lines 1 through 3	
Total. Add lines 1 through 3	

Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	272,192.
b	Average of monthly cash balances	1b	4,542.
С	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	276,734.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	276,734.
4	Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	4,151.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	272,583.
6	Minimum investment return. Enter 5% of line 5	6	13,629.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	13,629.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI). 2b	]	
С	Add lines 2a and 2b	] 2c	80.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	13,549.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4.	5	13,549.
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	13,549.
Par	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	·	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
b	Program-related investments - total from Part IX-B	1b	
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		
а	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
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	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 when ca		

Form **990-PF** (2015)

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

Pa	rt XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
	line 7				13,549.
	Undistributed income, if any, as of the end of 2015				
	Enter amount for 2014 only.				
	Total for prior years 20 13 ,20 12 ,20 11				
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
	From 2011				
	From 2012				
d	From 2013				
	From 2014	7 551 622			
	Total of lines 3a through e	7,551,632.		1	
	Qualifying distributions for 2015 from Part XII, line 4 ▶ \$				
а	Applied to 2014, but not more than line 2a				
	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election				
	required - see instructions)				
d	Applied to 2015 distributable amount				
	Remaining amount distributed out of corpus				10.510
5	Excess distributions carryover applied to 2015. (If an amount appears in column (d), the same	13,549.			13,549.
	amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:	7 520 002			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,538,083.			
b	Prior years' undistributed income Subtract				
c	line 4b from line 2b				
_	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
a	Subtract line 6c from line 6b Taxable amount - see instructions				
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount - see instructions				
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 corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2010 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	7,538,083.			
10	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
C	Excess from 2013				
	Excess from 2014 7,538,083.				
е	Excess from 2015			l	

Pa	rt XIV Private Op	erating Foundations	(see instructions ar	nd Part VII-A, questi	on 9)	NOT APPLICABLE
	If the foundation has				1	
	foundation, and the ruling	•			± ling	
h	Check box to indicate v				section 4942(j	)(3) or 4942(j)(5)
	Officer box to indicate t	Tax year	is a private operating i	Prior 3 years	3601011 4342()	7(0) 01 4042(])(0)
2 a	Enter the lesser of the ad-		(h) 2014	· · · · · · · · · · · · · · · · · · ·	(4) 2012	(e) Total
	justed net income from Part  I or the minimum investment	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	return from Part X for each					
	year listed		<del></del>			
b	85% of line 2a					
С	Qualifying distributions from Part	İ				
	XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct					
	of exempt activities			***		
е	Qualifying distributions made					
	directly for active conduct of exempt activities. Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the					
а	"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 invest-					1
	ment return shown in Part X,					
С	line 6 for each year listed "Support" alternative test - enter					
Ū	(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			<del></del>		
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(III)					
	<li>(3) Largest amount of sup- port from an exempt</li>					
	organization					
-	(4) Gross investment income			1 1011 0 1		
Рa				only if the founda	tion had \$5,000 o	r more in assets at
		uring the year - see	<del></del>			
	Information Regardin	ī		- 4b 20/ -f 4b- 4-4		and has the foundation
а	List any managers of before the close of any					
	·		icy have continuated in	1010 than \$0,000) (0	00 00011011 007 (4)(2) /	
	ATTACHME		400/			
b	List any managers of					y large portion of the
	ownership of a partner	rship or other entity) of	which the foundation	nas a 10% of greater	interest.	
	NONE					
2	Information Regardin	•	•	• •		
	Check here ► X If t	he foundation only	makes contributions	to preselected char	itable organizations	and does not accept
				ints, etc. (see instruc	tions) to individuals o	or organizations under
	other conditions, comp	olete items 2a, b, c, an	d d			
а	The name, address, a	nd telephone number	or e-mail address of t	he person to whom ap	plications should be ad	dressed
					- · · · · · · · · · · · · · · · · · · ·	
b	The form in which app	lications should be sul	omitted and information	n and materials they	should include	
	A b					
С	Any submission deadle	ines				
<u></u>	Any restrictions or li	mitations on awards	such as by ascars	anhical areas charits	able fields kinds of	institutions or other
u	factors	initations on awards	, such as by geogra	aprilicai aicas, Clidilla	apie lielus, killus Ul	manunona, or other

3 Grants and Contributions Paid During the Year or Approved for Future Payment  Recipient Name and address (home or business)  Recipient   If recipient is an individual, show any relationship to any foundation manager or substantial contributor or substantial substantial contributor or substantial substantial substantial substantial substantial substantial substantial substantial substantial substantial substantial substantial substantial substantia								
Recipient	If recipient is an individual,	Foundation	Purpose of grant or					
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount				
a Paid during the year	or substantial contributor							
a raid dailing and your								
			•					
		!						
		<u> </u>						
Total		<del></del>	▶ 3a					
<b>b</b> Approved for future payment								
		]						
		1						
		•						
		<u></u>						
Total	<del></del>	-	▶ 3b					

JSA 5E1491 1 000

Part XVI	<ul> <li>Analysis of Income-Prod</li> </ul>	ucing Act	ivities			
	amounts unless otherwise indicated		ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	n service revenue	Business code	Amount	Exclusion code	1	(See instructions)
				-		<u>.</u>
				-		
				<del></del>		
f						· · · · · · ·
	and contracts from government agencies					
-	ship dues and assessments					
	on savings and temporary cash investments			14	7.	
	ds and interest from securities			14	4,012.	
	al income or (loss) from real estate					
a Debt	-financed property					
<b>b</b> Not o	debt-financed property					· · · · · · · · · · · · · · · · · · ·
6 Net renta	al income or (loss) from personal property					
7 Other in	vestment income					
8 Gain or (	loss) from sales of assets other than inventory	·				·
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
	evenue a					
				<del></del>		
	<del></del>	-				
e						
	Add columns (b), (d), and (e)				4,019.	******
	dd line 12, columns (b), (d), and (e)				<u> </u>	4,019.
	heet in line 13 instructions to verify calc					
Part XVI-	B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses	
Line No.  ▼	Explain below how each activit accomplishment of the foundation	-				
			•••			
						<u> </u>
					<del></del>	
						· ·—
						<del></del> -
						222 55

JSA 5E1492 1 000

Part	XVII	Information R Exempt Organ		ansfers To and Tr	ransacti	ons and Re	elations	ships W	ith Nonc	hari	table	<del>)</del>
1 [	old the			engage in any of the	following	with any otl	ner organ	nization o	described		Yes	No
				section 501(c)(3) org			-					
-		ations?	•	( ) ( )	•	,	,	J	•			
a T	ransfe	rs from the reportin	g foundation to	a noncharitable exer	npt organ	zation of						
(	1) Casi	h		<i></i>						1a(1)		Х
										1a(2)		X
		ransactions										
(	1) Sale	es of assets to a no	ncharitable exe	mpt organization						1b(1)		Х
				able exempt organization								X
(	3) Ren	ital of facilities, equi	pment, or other	assets						1b(3)		X
												Х
(	<b>5)</b> Loa	ns or loan guarantee	es							1b(5)		X
				nip or fundraising solic								X
				its, other assets, or pa								X
				es," complete the foll								
				ices given by the rep gement, show in coll								
	1	(b) Amount involved	l						tions, and shar			
(a) Line	# NO	N/A	(c) Name of	noncharitable exempt organ	ization	N/A	on transie	ers, transaci	uons, and snar	ing ana	ingeme	115
		N/A				N/A						
	-			<u> </u>								
						· · · · · · · · · · · · · · · · · · ·				-		
				··								
								•				
											-	
								-				
2a ls	s the f	oundation directly	or indirectly af	filiated with, or relate	ed to, one	or more ta	x-exempt	organiza	ations _			_
d	escrib	ed in section 501(c)	of the Code (o	ther than section 501	(c)(3)) or	n section 527	77		L	Yo	es <u>X</u>	∫No
b li	"Yes,	complete the follo	wing schedule									
		(a) Name of organization	n	(b) Type of org	anization		(0	c) Descripti	on of relations	hip		
				<del></del>								
	T 11-4								f man kananahada		aliaf it	in this
				ned this return, including acc axpayer) is based on all informa				o the best o	iny kilowieug	e and t	Jener, II	is true
Sign	<b>N</b>	TOTAL T MOMA	CIZT	L 05 /05 /001	c	MD LICHER			May the IRS	discus	s this	return
Here	Sign	IOHAEL J KOWAI	SK1	05/05/201	1	TRUSTEE Title				eparer s)? X	п г	below
		atura of officer of trustee	X //	Date / 3 N	20N /	ritte			(see instruction:	3)' [^	Yes	No
		Print/Type preparer's na	me (	Prepare signature	291 C	ים	ate	Che	eck of F	PTIN		
Paid	J	TIMOTHY P SPE		4917	Alex		5/11/2		··· — "		0844	655
Prepa	arer 1		SNERAMPER	ILIP V	<u>~</u>	1 <u> </u>	]	Firm's EIN				333
Use (			O THIRD AV					I IIII S EIN	<b>P</b> 10 10			
(			W YORK, N			10017	<sub>-2703</sub>	Phone no	212-89	1-4	087	

## Schedule B

(Form 990, 990-EZ, or 990-PF)

## Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number KOWALSKI FAMILY FOUNDATION 46-4096085 Organization type (check one) Filers of: Section: Form 990 or 990-F7 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization KOWALSKI FAMILY FOUNDATION

Employer identification number 46-4096085

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL J & BARBARA D KOWALSKI  5 BROOKVALE ROAD  KINNELON, NJ 07405	\$\$.	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

46-4096085

Part II	Noncash Property	(see instructions).	Use duplicate	copies of Part II	if additional space is neede	ed.
---------	------------------	---------------------	---------------	-------------------	------------------------------	-----

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	15,000 SHARES TIFFANY&CO.	_	
		\$	12/21/2015
(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
(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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization KOWALSKI FAMILY FOUNDATION Employer identification number 46-4096085 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ 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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

INVESTMENTS	
CASH	
I TEMPORARY	
6	
INTEREST (	
I	
PART I	
990PF,	
FORM	

NET INVESTMENT INCOME	7.	7.
REVENUE AND EXPENSES PER BOOKS	7.	7.
		TOTAL

ATTACHMENT 1

# FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	4,012.	
REVENUE AND EXPENSES PER BOOKS	4,012.	
	TOTAL	
DESCRIPTION	GOLDMAN SACHS	

ATTACHMENT 2

ATTACHMENT 3

8669HC L161 5/10/2016 3:00:09 PM V 15-4.5F

FORM 990PF, PART II - CORPORATE STOCK

KOWALSKI FAMILY FOUNDATION

DESCRIPTION

17,572 SHS OF TIFFANY & CO.

TOTALS

ENDING BOOK VALUE

ENDING FMV

1,347,597.

1,360,432.

1,360,432.

1,347,597.

## KOWALSKI FAMILY FOUNDATION

## FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS

## NAME AND ADDRESS

MICHAEL J & BARBARA D KOWALSKI 5 BROOKVALE ROAD KINNELON, NJ 07405

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MICHAEL J KOWALSKI 5 BROOKVALE ROAD KINNELON, NJ 07405	TRUSTEE 1.00	.0	°.	.0
BARBARA D KOWALSKI 5 BROOKVALE ROAD KINNELON, NJ 07405	TRUSTEE 1.00	.0	·o	.0
AMANDA KOWALSKI 200 CHAMBERS STREET, APT 26B NEW YORK, NY 10007	TRUSTEE 1.00	.0	.0	.0
ADAM KOWALSKI 5 BROOKVALE ROAD KINNELON, NJ 07405	TRUSTEE 1.00	.0	.0	.0
	GRAND TOTALS	0.	0.	0

## FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

MICHAEL J KOWALSKI, TRUSTEE BARBARA D KOWALSKI, TRUSTEE