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Form 990-PF

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

OMB No 1545-0052 2016

Department of the Treasury Internal Revenue Service ► 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/form990.pf. Open to Publical ispection

internal Ri	everide Service	mornianon about 1 on	iii ccc :			joureunee jan job	el in franchischer
	endar year 2016 or tax yea	r beginning	, 2016	, and ending	T A		
Mame of foundation Mick & Melissa Kowitz Family Foundation Number and street (or PO box number if mail is not delivered to street address) Room/suite					Α	Employer identification number 26-164 0349	mber
Number a	nd street (or P O box number if mail)	s not delivered to street a	address)	Room/suite	В	Telephone number (see instr	
4744 Cox-Smith Road City or town state or province, country, and ZIP or foreign postal code					-	(000) 000-000	00
					С	If exemption application is	pending, check here . 🕨 📗
		al return	Initial return of a forme	er public charity	D	1 Foreign organizations, che	rk here
	Fin	al return	Amended return				ليا
		dress change	Name change	 		2 Foreign organizations mee here and attach computation	
H Che	eck type of organization		(c)(3) exempt private for		_	·	ب
	Section 4947(a)(1) nonexemarket value of all assets at end of		ounting method X C	rivate foundation ash Accrual	E	If private foundation status under section 507(b)(1)(A),	
	n Part II, column (c), line 16)	· —	Other (specify)	asiiAccidai	E	If the foundation is in a 60-i	month termination —
► ş	642,155		column (d) must be on c	ash basis)	1'	under section 507(b)(1)(B),	
Part I	🖄 Analysis of Revenu		(a) Poyonyo and	(b) Not investmen		(a) Adjusted not	(d) Disbursements
	Expenses (The total of columns (b), (c), and (d)	of amounts in may not neces-	(a) Revenue and expenses per books	(b) Net investmen income		(c) Adjusted net income	for charitable purposes
	sarily equal the amounts						(cash basis only)
	(see instructions)) 1 Contributions, gifts, grants, etc., rec	erved (attach schedule)	109.944.	Tarich action	TE.		
	[· · · · · · · · · · · · · · · · · · ·						
	3 Interest on savings and temporary o	rach importments					THE PARTY OF THE
	4 Dividends and interest from security		14,382.	14,38	2.		
	5 a Gross rents	<i></i>					
	b Net rental income or (loss)			"非常"的意识。	1 67 450		
R E	6 a Net gain or (loss) from sale of asset b Gross sales price for all		-5,990.	L-6a Sint To	33.5		
V	assets on line 6a 7 Capital gain net income (from	79,599.	THE RESERVE THE TOTAL PROPERTY.	en a supply of the state of the state of	()		
E N	8 Net short-term capital gain	1		THE TOTAL CHE		The state of the state of the said of the	
U	9 Income modifications		Market St. St. St.		3.18	A China)	
`. `.	returns and allowances		表现多数		薬		
,	b Less Cost of goods sold		的 。对于1000年	中华军马生加工	4, 14.		
ti T	C Gross profit or (loss) (attach schedu	ule)	4-46-138-1-1	化制造数据的 高级			网络沙兰
4	11 Other income (attach schedu	ile) · · · · · · ·					
ζ .	12 Total Add lines 1 through	11	118,336.	14,38	2		TAMEN LATER
	13 Compensation of officers, dire		110/330:	11/30	٠.		1947-7-17 TAKET ESTATION
C R	14 Other employee salaries ar						
,	15 Pension plane, employae ber 16 a legal(see talagh schedule).	nefits					
À	h accounting lees (attach sch)	101		 			
	C Other professional fees (attach so	16c Stot.	5,733.	5,73	3.		
O I	Phy Max 2 2.40.11.	·/恩/· · · · · · · /					
O I S R A T	Taxes (attach schedule)(see instra)	Excise Tax .	0.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	19 Depreciation (Bitach School) and Deptetion	السيب		:			的基础。但是
) N N	20 Occupancy						
G E	21 Travel, conferences, and med 22 Printing and publications	•					
N X	23 Other expenses (attach sche			 			
E N	Ba	ank Charges	42.	4	2.	<u> </u>	
S	24 Total operating and admini expenses Add lines 13 throi		5,775.	5,77	7 5		
S	25 Contributions gifts, grants paid	-	59,500.		<u>, 5.</u>	·,	59,500.
	26 Total expenses and disbur						
	Add lines 24 and 25 · · · 27 Subtract line 26 from line 12:		65, 275.	5,77	<u> 5.</u>		59,500.
	a Excess of revenue over ex	pense s					and the state of the state of
	and disbursements		53,061.	4 1 1 5 5 1 1 1 1 1	` <u> </u>		1. 50 7 5 19 15 15
	b Net Investment Income (if r C Adjusted net Income (if neg	-		8,60	<u>) 7 .</u>		the transfer of the transfer o
	I C AGIOSCO DECIDEDME (I) DEC	40 U 4 G G L KG L 40-)		1)	-	i e	1

656,635.

6

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

(a) List and describ	e the kind(s) of property sold (e.g., real of nouse, or common stock, 200 shares ML	estate.	b) How acquired P — Purchase D — Donation	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			- Doriation	 -	 -
b				 	
				 	
d				 	
e				1	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) mi	
a					
b					
С		·····		· · · · · · · · · · · · · · · · · · ·	
d					
е					
Complete only for assets show	ring gain in column (h) and owned by the	foundation on 12/31/69		(I) Gains (Col.	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		gain minus col. (k), bu nan -0-) or Losses (fro	
a					
b					
С					
d					
е					
2 Capital gain net income or (net	t capital loss) · · · [if gain, also e if (loss), ente	nter in Part I, line 7 r -0- in Part I, line 7			
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and	(6)			
	8, column (c) (see instructions) If (loss				
	er Section 4940(e) for Reduced			<u> </u>	
	e foundations subject to the section 4940				
(For optional use by domestic private	e loundations subject to the section 4940	n(a) tax on het investment inc	ome)		
If section 4940(d)(2) applies, leave the	nis part blank				
Man the foundation liable for the sec	tion 4942 tax on the distributable amour	at of any year in the base nor	und?	Πvan	□ Na
	ify under section 4940(e). Do not complete		lou /	∐Yes	X No
, , , , , , , , , , , , , , , , , , , 	n each column for each year, see the in:		entries		
	(b)		entries	(d)	·-·-
(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use asset	s	Distribution (col (b) divided	
2015	32,263.	586	,901.		0.054972
2014	21,843.		,061.		0.057322
2013	27,232.		,028.		0.078472
2012	20,298.		,319.		0.056178
2011	17,650.		,291.		0.048853
2 Total of line 1, column (d)					0.295797
3 Average distribution ratio for th	e 5-year base period - divide the total of	on line 2 by 5, or by the			
number of years the foundation	n has been in existence if less than 5 ye	ars	3	.}	0.059159
	itable-use assets for 2016 from Part X, h				594,746.
5 Multiply line 4 by line 3			5	 	35,185.
6 Enter 1% of net investment inc	come (1% of Part I, line 27b)		· · · · · <u>6</u>		86.
7 Add lines 5 and 6			7		35,271.
8 Enter qualifying distributions fr	om Part XII, line 4		8		59,500.
If line 8 is equal to or greater the Part VI instructions	han line 7, check the box in Part VI, line	1b, and complete that part us	sing a 1% tax	rate See the	

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see in	istru	ctions	.)		
1 a					10.0	
	Date of ruling or determination letter. (attach copy of letter if necessary – see instructions)					_,,,,
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1				86.
	check here . X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)					發怒
		2				0.
3	Add lines 1 and 2	3				86.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5				86.
6	Credits/Payments	翻				
а	2016 estimated tax pmts and 2015 overpayment credited to 2016 6a 1,820.					
b	Exempt foreign organizations — tax withheld at source 6 b					
C	Tax paid with application for extension of time to file (Form 8868) 6 c					
d	Backup withholding erroneously withheld	XI.				
7	Total credits and payments Add lines 6a through 6d	7			1.8	20.
		8				
		9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0			1.7	34.
	Enter the amount of line 10 to be Credited to 2017 estimated tax	1				 -
	VII A Statements Regarding Activities					
1 a	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	Yes	No X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the 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 published or distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?]**	1 c	SECTION AND ADDRESS.	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		3	A33		K S
	(1) On the foundation > \$ (2) On foundation managers > \$					
	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		Х
	If 'Yes,' attach a detailed description of the activities		麗麗		, n	# 16.2 V
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 X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 a		Х
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		[4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		[5		X
	If 'Yes,' attach the statement required by General Instruction T					75077
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		27			
	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		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If Yes, complete Part II, col (c), and Part XV		[7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)		7			
	OHIO		2		3,5	
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation			8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Part XIV)		9	3 12CF	\$ X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses			10		x
BAA				n 990-	PF (2	

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Par	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If Yes, attach schedule (see instructions)	. 11	Yes	No 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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	. 13	Х	
	Website address	_ ~ ~ ~		
14	The books are in care of Melissa Kowitz Telephone no (000)	_000	-000	0
	Located at 4744 Cox-Smith Road Mason OH ZIP+4 45040			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here		. •	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2016, 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?	. 16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Par	EVIEB Statements Regarding Activities for Which Form 4720 May Be Required			
<u> </u>	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			533
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		4	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
b	of fany 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 instructions)?	1 b		
	Organizations relying on a current notice regarding disaster assistance check here		:25	深 為
С	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 2016?	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 $4942(j)(5)$)			是是
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?			
	If 'Yes,' list the years ► 20 , 20 , 20			
b	o 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)	2 b	Salara Salara	
С	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	ie H	375	を
	► 20 , 20 , 20 , 20	3.44.	4	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		PY 14 8	
b	of f 'Yes,' did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016)	3 b		The state of the s
4 a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4 b		
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orm 990-PF (2016) Mick & Melissa Ko			26-164	10349 Page 6
Rant-VII-Bij Statements Regarding Activit		1 4/20 May Be Req	uirea (continuea)	Later of agree of the con-
5 a During the year did the foundation pay or incur a			п., п	
(1) Carry on propaganda, or otherwise attempt	-		Yes X	No Section 1
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	n drive?			No
(3) Provide a grant to an individual for travel, str			···· Yes X	No Section 1
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions)			· · · · Yes X	No P
(5) Provide for any purpose other than religious educational purposes, or for the prevention	of cruelty to children or a	nımals?		No S
b If any answer is 'Yes' to 5a(1)—(5), did any of th described in Regulations section 53 4945 or in a (see instructions)?	current notice regarding	disaster assistance		5b X
Organizations relying on a current notice regard	ng disaster assistance ch	neck here	▶ [
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsit	ulity for the grant?		· · · · · Yes	No
If 'Yes,' attach the statement required by Regula	tions section 53 4945–5((d)		
6 a Did the foundation, during the year, receive any on a personal benefit contract?				No Section 1
b Did the foundation, during the year, pay premiun If 'Yes' to 6b, file Form 8870	ns, directly or indirectly, o	in a personal benefit con	tract?	6b X
7 a At any time during the tax year, was the foundat	ion a narty to a prohibited	l tay shelter transaction?	□vae [v]	No.
b If 'Yes,' did the foundation receive any proceeds				Marie Property 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Part VIII Information About Officers, D				
and Contractors	nectors, rrustecs,	i odnadnom manaç	jers, riigiliy r alu L	imployees,
1 List all officers, directors, trustees, foundation	on managers and their o	compensation (see inst	ructions).	
(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 and deferred compensation	(e) Expense account, other allowances
1ick Kowitz				
1744 Cox-Smith Road	Director			
Mason OH 45040	2.00	0.	0.	0.
Melissa Kowitz				
1744 Cox-Smith Road	Director			
Mason OH 45040	2.00	0.	0.	0.
2 Compensation of five highest-paid employee	es (other than those inc	luded on line 1 – see ir		nter 'NONE.'
(a) Name and 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	(e) Expense account, other allowances
N/A			compensation	
			· · · · · · · · · · · · · · · · · · ·	
				1
		··		
	i			
Total number of other employees paid over \$50,000			<u> </u>	None
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-	, , , , , , , , , , , , , , , , , , , ,			555-1 . (2516)

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Ranaville Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Paid	d Employees,
3 Five highest-paid independent contractors for professional services	s (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		
	·1	ļ.
	· -	
	· -	
	·	
Total number of others receiving over \$50,000 for professional services		None
		None
Part X A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta organizations and other beneficianes served, conferences convened, research papers produced,	atistical information such as the number of	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced,	etc.	Expenses
1 None		
~		
_ 		<u> </u>
2		
3		
,		
4		
		- -
		- -
Part IX:B Summary of Program-Related Investments (see	instructions)	- L
Describe the two largest program-related investments made by the foundation		Amount
1 None		
		0.
2		
All other account related in column to Committee		
All other program-related investments. See instructions		1

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None

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Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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59,414.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				29,651.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only		对此时间并称学	0.	
b Total for prior years: 20, 20, 20		Land Company of the Company	THE PARTY OF THE P	
3 Excess distributions carryover, if any, to 2016. a From 2011				
b From 2012				
c From 2013 10,109.				
d From 2014 4,577.				
e From 2015 3,098.				
f Total of lines 3a through e	19,776.			的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
4 Qualifying distributions for 2016 from Part	THE PARTY OF			
XII, line 4 \(\)			100	
a Applied to 2015, but not more than line 2a		的多樣的	Secretary Application of the second	
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2016 distributable amount	建筑建筑建筑		17年11萬分子於 72	29,651.
e Remaining amount distributed out of corpus	29,849.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the			BAR AND STATE OF THE STATE OF T	ACTIVACE A MARKATAN
same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	49,625.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed	SC ST		Ham Commence of the State of	
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2016 Subtract lines			医马克克氏 计数字	!
4d and 5 from line 1 This amount must be distributed in 2017				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election		The state of the s		
may be required — see instructions)	l	37. 12 19 to 1		
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	0.		- (3. m)	
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	49,625.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10 Analysis of line 9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 (14 m) (1) [1] [1] [1]		
a Excess from 2012		1. 7 4 1. Justy		200
b Excess from 2013 10, 109.	1, 10 x 10	3200 Ca.	100	
c Excess from 2014 4,577.				E .
d Excess from 2015 3, 098.	1 1 1 1 1 1 1 1			
e Excess from 2016	<u> </u>		<u> </u>	Form 990-PF (2016)

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PartixIV Private Operating Foundat					N/A
1 a If the foundation has received a ruling or determined is effective for 2016, enter the date of the ruling or determined in the ruling of t	ng			· <u>··</u> ·····•[
b Check box to indicate whether the foundation	is a private operat	ing foundation descr	ibed in section	4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for each year listed	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities	·				
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets		<u> </u>			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		<u> </u>			
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter					_
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Supplementary Information assets at any time during the			foundation had	\$5,000 or more	in
1 Information Regarding Foundation Manag					
a List any managers of the foundation who hav close of any tax year (but only if they have co	ntributed more than	than 2% of the total i \$5,000) (See secti	contributions received on 507(d)(2))	d by the foundation be	efore the
Mick Kowitz and Melissa Kov					
b List any managers of the foundation who own a partnership or other entity) of which the fou	10% or more of the ndation has a 10%	e stock of a corporat or greater interest	tion (or an equally larg	ge portion of the owner	rship of
none					
2 Information Regarding Contribution, Gran		•			
Check here X if the foundation only ma requests for funds. If the foundation makes g complete items 2a, b, c, and d	kes contributions to ifts, grants, etc (see	preselected charita instructions) to ind	ble organizations and ividuals or organizatio	does not accept unso ons under other condit	olicited ions,
a The name, address, and telephone number of	r e-mail address of	the person to whom	applications should h	oe addressed	
- The Hame, address, and talephone mainson	, c man address of	and person to unjoin	applications should b	,	
					
b The form in which applications should be sub	mitted and informat	ion and materials th	ey should include		
c Any submission deadlines					
d Any restrictions or limitations on awards, suc	h as by geographica	al areas, charitable f	ields, kinds of instituti	ons, or other factors:	

Part V Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recepted	3 Grants and Contributions Paid During the Year or Approved for Future Payment								
A Pad dump the year			show any relationship to any foundation manager	status of		Amount			
Joshuar's Place 30 Sandford Place Southampton		usiness)	or substantial contributor	- Corpioni					
30 Sandford Place Southampton NY 11968 n/a Public Program 11,000. City Gospel Mission 1805 Dalton Ave cincinnati OH 45214 n/a Public Programs 5,000. Christ's Church of Mason 5165 Western Row Road Mason OH 45040 n/a n/a 711 Columbia Ave Cincinnati OH 45215 n/a Public Programs 2,500. 711 Columbia Ave Cincinnati OH 45215 n/a 3500 Madison Road Cincinnati OH 45209 Harvest Baptist Church 5541 Cleves Warsaw Pike Cincinnati OH 45238 n/a Public Programs 200. Kids Against Hunger 1006 North 20th Street Omaha No 66102 n/a Public Programs 800. Pro Em Support Ministries 12910 Shelbyville Road Louisville Nat Recovery House P.O. Box 900 Maineville OH 4503-90 n/a Public Programs 25,000. Total			}			}			
Southampton			ļ.						
City Gospel Mission 1805 Dalton Ave Cincinnati]						
1805 Dalton Ave	-	NY 11968	n/a	Public	Program	11,000.			
Cincinnati									
Christ's Church of Mason S165 Western Row Road Mason OH 45040 n/a Mount Notre Dame - YPC n/a				\		į			
Side Western Row Road Mason			n/a	Public	Programs	5,000.			
Mason OH 45040 n/a n/a Mount Notre Dame - YPC n/a Mount Notre Dame - YPC n/a 711 Columbia Ave. Cincinnati OH 45215		on							
Mount Notre Dame - YPC 711 Columbia Ave. Cincinnati	5165 Western Row Road								
Public Programs Publ		OH 45040		Public	Programs	2,500.			
Public Programs 2,500.			n/a						
Public Programs Programs Public Programs Programs Public Programs Programs Programs Programs Public Programs Programs Public Programs Programs Public Programs Programs Programs Public Programs Programs Programs Public Programs Programs Programs Public Programs Programs Public Programs Programs Programs Public Programs Programs Programs Programs Public Programs P	711 Columbia Ave.]	Ì					
3500 Madison Road Cincinnati	Cincinnatı	OH 45215		Public	Programs	2,500.			
Cincinnati	Crossroads Mission		n/a						
Harvest Baptist Church 5541 Cleves Warsaw Pike Cincinnati	3500 Madison Road								
S541 Cleves Warsaw Pike	Cincınnati	ОН 45209	 	Public	Programs	2,500.			
Public	Harvest Baptist Church			1					
Rids Against Hunger 1006 North 20th Street 1006 North 20th Street 1006 North 20th Street 1008 North 20th Street 1008 North 20th Street 1008 North 20th Street 1009 North	5541 Cleves Warsaw Pike	е							
Note	Cincinnati	OH 45238	n/a	Public	Programs	200.			
Omaha NE 68102 n/a Public Programs 800. Pro Em Support Ministries 12910 Shelbyville Road Public Programs 10,000. Louisville KY 40243 n/a Public Programs 10,000. The Nest Recovery House P.O. Box 900 Public Programs 25,000. Maineville OH 45039-900 n/a Public Programs 25,000. Total	Kids Agaınst Hunger								
Pro Em Support Ministries 12910 Shelbyville Road Louisville	1006 North 20th Street								
12910 Shelbyville Road	Omaha	NE 68102	n/a	Public	Programs	800.			
Louisville	Pro Em Support Ministr:	ies							
Total Description of the Nest Recovery House P.O. Box 900 Maineville OH 45039-900 n/a Public Programs 25,000.	12910 Shelbyville Road			1					
P.O. Box 900 Maineville OH 45039-900 n/a Public Programs 25,000. Total	Louisville	KY 40243	n/a	Public	Programs	10,000.			
Name	The Nest Recovery House	е		Į.					
Total	P.O. Box 900								
b Approved for future payment	Maıneville	OH 45039-900	n/a	Public	Programs	25,000.			
b Approved for future payment				}					
b Approved for future payment				!]					
b Approved for future payment									
b Approved for future payment									
b Approved for future payment									
b Approved for future payment			L,	<u> </u>					
				· · · · · · · ·		59,500.			
Total	b Approved for future payment								
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Total					ļ				
	Total								

Part XVI-A Analysis of Income-Producing	Activities	_ .			
Enter gross amounts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	(0)
•	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue a	code		code		(See instructions)
b	 				
c	 		 		
			-		
d	 				
e	 		— —		
7	 				
g Fees and contracts from government agencies	ļ				
2 Membership dues and assessments	<u> </u>				
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	14,382.	
5 Net rental income or (loss) from real estate			4		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-5,990.	
9 Net income or (loss) from special events			1	3,330.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue	A-15-12-12				STATE OF THE STATE
	ART SERVICE		公司和特別		Remark Control of the
ab				· · · · · · · · · · · · · · · · · · ·	
·	-				
c			 	<u> </u>	
d					
e	186040, 414-2. 35		Paradia da 1		
12 Subtotal Add columns (b), (d), and (e)			美麗斯	8,392.	
13 Total. Add line 12, columns (b), (d), and (e)				13	8,392.
See worksheet in line 13 instructions to verify calculations					
Part XV B Relationship of Activities to the	Accomp	ishment of Exemp	ot Purp	oses	
Line No. Explain below how each activity for which inco- accomplishment of the foundation's exempt p	ome is report urposes (oth	ed in column (e) of Part er than by providing fund	XVI-A co	ontributed importantly to ch purposes) (See instru	the uctions)
3 Solely grant making entity					·
8 Solely grant making entity					
	<u> </u>			<u> </u>	
					
		······································			
					
		·····			
					
					
					
					
l l					
<u></u>					

Form 990-PF (2016) Mick & Melissa Kowitz Family Foundation 26-164 0349 PartXVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

									NUTRING VE STRONG	
desc relat	the organization direct cribed in section 501(c ing to political organiz) of the Code (oth ations?	er than section 5	01(c)(3) organ	izations) o				Ye	S No
a Tran	sfers from the reporting	ng foundation to a	noncharitable ex	empt organiza	ition of					
(1)	Cash					· · · · · · · ·			1 a (1)	x
(2)	Other assets				<i>.</i> .				1 a (2)	X
b Othe	er transactions									
(1)	Sales of assets to a ne	oncharitable exem	not organization.						1 b (1)	X
	Purchases of assets fi							1	1 b (2)	
• •			, ,							X
	Rental of facilities, equ	•						• • • •	1 b (3)	X
(4)	Reimbursement arran	gements				• • • • • • • •		[1 b (4)	X
(5)	Loans or loan guarant	ees]	1 b (5)	X
(6)	Performance of servic	es or membership	or fundraising so	olicitations				[1 b (6)	X
c Shar	ing of facilities, equipr	ment, mailing lists	, other assets, or	paid employe	es	<i>.</i>			1 c	X
								ı		
the c	e answer to any of the goods, other assets, or transaction or sharing	r services aiven b	v the reportina foi	undation. If the	e foundatio	n received less the	han fair mark	et value i	alue of n	
(a) Line no.			of nonchantable exer			d) Description of train			anno arrangeme	nts
(4) 2110 110.	(b) / incont involved	(0) ((0)	OTTOTICIDATE CAST	npt organization		27 Decemption of trai	ioioio, adriodoli	0110, 0110 011	anny anangome	
	 									
	 									
										
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	 	- 								
	 									
										
desc	e foundation directly o ribed in section 501(c es,' complete the follow) of the Code (oth	ed with, or related er than section 50	to, one or mo 01(c)(3)) or in	re tax-exe section 527	mpt organization:	s 		. Yes	ΧΝο
	(a) Name of organiza	ation	(b) Type	e of organizati	on	10	c) Description	of relation	onship	
			· · · · · · · · · · · · · · · · · · ·			 	· · · · · · ·		- 	
	 		 						· · · · · · · · · · · · · · · · · · ·	
			 			-				
			 							
			ļ			<u> </u>				
			<u> </u>							
Un	ider penalties of perjury, I dec	clare that I have examin	ed this return, including	accompanying so	hedules and s	tatements, and to the	best of my knowl	edge and be	lief, it is true,	
Sign	rrect, and complete Declarat	ion of preparer (other tr	ian (axpayer) is baseo (on all information t	ir which prepai	rer nas any knowledge	1		144-14-100-	
Here	1/	77)		1-1-	_				May the IRS of this return with	n the
nere		5		13 115 11	7_7	Trustee			preparer show (see instruction	
7	Signature of officer or trustee	· · ·		Date		Title			XYes	No
	Print/Type preparer's	name	Preparers	signature	7	Date	Check	En 1	PTIN	
מיי	7. 7	511.	こトン			5/12/17	-		PO1437	J97
Paid	14001	· 30272m		2000	<u> </u>		1			<u>" /-"</u>
Prepare		THOMAS J.	SCHUTZMAN	ATTORNE	AT LA	W	Firm's EIN	<u>61-13</u>	38835	
Use Onl	y Firm's address	2890 CHAN	CELLOR DR S	STE 200			_			
		CRESTVIEW	HILLS		KY 4	1017	Phone no	(859)	344-082	28
BAA									Form 990-P	

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	5,733.	5,733.		

Total

5,733. 5,733.

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	648,588.	634,108.
Total	648,588.	634,108.

Form 990-PF Part I, Line 6a

Net Gain or Loss From Sale of Assets

2016

Name		Employer Identification Number
Mıck & Melissa Kowitz Famil	y Foundation	26-1640349
Asset Information:		
Description of Property PNC	Investment Account	
Date Acquired · Various	How Acquired Purchased	
Date Sold Various		
Sales Price 79, 599	Cost or other basis (do not reduce by depreciation) 8	5,589.
Sales Expense	Valuation Method	
Total Gain (Loss)5,9	990. Accumulation Depreciation	
Description of Property		
Date Acquired .		
Date Sold	How Acquired Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Price	Valuation Method	
Total Gain (Loss)	Valuation Method Accumulation Depreciation	· · · · · · · · · · · · · · · · · · ·
Description of Property	Accumulation Depressation 1.1.	
	How Acquired	
Date Acquired .	How Acquired	
Date Sold	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
	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)	
Sales Expense	Valuation Method	
Total Gain (Loss)	Accumulation Depreciation	
Description of Property	11A	
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	Llau Appured	
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	Harri A agricultura	
Date Acquired .	How Acquired	
Date Sold		
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	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method	
Total Gain (Loss)	Accumulation Depreciation	