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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491128009937

2016

OMB No 1545-0052

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 instructions is at www.irs.gov/form990pf.

Open to Public Inspection

| or | caler | ndar year 2016, or tax year beginning 01-01-20 |)16 , aı | nd ending 12-31- | 2016 | |
|---------------------------------------|-------------|---|-----------------------|---------------------------|--|----------------------------------|
| | | indation ITTCHELL FAMILY FOUNDATION | | A Employer id | entification numbe | er |
| KC | ATTIV CX IV | ITCHELE FAMILI FOONDATION | | 45-3915920 | | |
| | | street (or P O box number if mail is not delivered to street address) | Room/suite | B Telephone nu | ımber (see ınstructio | ns) |
| 1. | 240 LAK | KE SHORE DRIVE | | (847) 205-4700 | , | , |
| | | , state or province, country, and ZIP or foreign postal code | | · · · | | |
| CHI | CAGO, I | L 60610 | | C If exemption | application is pendin | ig, check here |
| G Cł | neck al | l that apply 🔲 Initial return 🔲 Initial return of a | former public charity | D 1. Foreign or | ganizations, check h | ere 📘 🖂 |
| | | ☐ Final return ☐ Amended return | | | rganizations meeting | |
| | | Address change Name change | | · | k here and attach co | · — |
| l Ch | neck ty | pe of organization $lacksquare$ Section 501(c)(3) exempt private | foundation | | undation status was t in 507(b)(1)(A), chec | |
| | Section | 1 4947(a)(1) nonexempt charitable trust 🔲 Other taxable | private foundation | | | |
| | | | ☑ Cash ☐ Accru | | ation is in a 60-mont | |
| | | from Part II, col (c), \$ 1,257,308 ☐ Other (specify) | | under section | n 507(b)(1)(B), chec | k liele - — |
| | | (Part I, column (d) must | be on cash basis) | | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Revenue and | (h) Not investment | (a) Advested not | (d) Disbursements for charitable |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | expenses per books | (b) Net investment income | (c) Adjusted net income | purposes |
| | | | | | | (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | 165,457 | | | |
| | 2 | Check ▶ ☐ If the foundation is not required to attach | | | | |
| | | Sch B | | | | |
| | 3 | Interest on savings and temporary cash investments | 32,841 | · · | | |
| | 4 | Dividends and interest from securities | 13,794 | 13,794 | | |
| | 5a | Gross rents | | | | |
| e | b 6a | Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 | -11,671 | | | |
| Revenue | | | 11,071 | | | |
| | р 7 | Gross sales price for all assets on line 6a 131,447 Capital gain net income (from Part IV, line 2) | | 0 | | |
| | 8 | Net short-term capital gain | | Ĭ | | |
| | 9 | Income modifications | | | | |
| | 10a | Gross sales less returns and allowances | | | | |
| | ь | Less Cost of goods sold | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | |
| | 11 | Other income (attach schedule) | | | | |
| | 12 | Total. Add lines 1 through 11 | 200,421 | 46,635 | | |
| | 13 | Compensation of officers, directors, trustees, etc | C | 0 | | C |
| | 14 | Other employee salaries and wages | | | | |
| S | 15 | Pension plans, employee benefits | | | | |
| Š | 16a | Legal fees (attach schedule) | | | | |
| × D | ь | Accounting fees (attach schedule) | | | | |
| ii o | С | Other professional fees (attach schedule) | 2,719 | 2,719 | | C |
| Operating and Administrative Expenses | 17 | Interest | | | | |
| Stra | 18 | Taxes (attach schedule) (see instructions) | | | | |
| ੂ | 19 | Depreciation (attach schedule) and depletion | | | | |
| Ē | 20 | Occupancy | | | | |
| ם ס | 21 | Travel, conferences, and meetings | | | | |
| E | 22 | Printing and publications | | | | |
| Đ. | 23 | Other expenses (attach schedule) | 15 | 0 | | 15 |
| rat | 24 | Total operating and administrative expenses. | | | | |
| <u>8</u> | | Add lines 13 through 23 | 2,734 | <u> </u> | | 15 |
| _ | 25 | Contributions, gifts, grants paid | 49,011 | | | 49,011 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 51,745 | 2,719 | | 49,026 |
| | 27 | Subtract line 26 from line 12 | 31,743 | 2,719 | | 49,020 |
| | a | Excess of revenue over expenses and | 148,676 | | | |
| | | Not investment income (if positive, enter -0-) | | 43,916 | | |
| | b | Net investment income (If negative, enter -0-) Adjusted net income(If negative, enter -0-) | | 43,916 | | |
| | C | | | C-+ N 41222 | | 000 PE (2215) |

241,142

84,886

198,203

1,247

15

15

1,083,996

1.083,996

1,084,011

1.084.011

(چە

453,202

150.397

225,289

1,232,308

1,385

15

15

1,232,293

1.232.293

1,232,308

2

3

4

5

1,083,996

1,233,135

1,232,293 Form **990-PF** (2016)

148,676

463

842

469,233

163,586

221,069

1,385

1,257,308

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

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

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Paid-in or capital surplus, or land, bldg, and equipment fund

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses

Investments—other (attach schedule)

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Temporarily restricted

Permanently restricted .

Unrestricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Land, buildings, and equipment basis

Assets 10a b

C

11

12

13

14

15

16

17

18

19 20

21 22

23

24

25

28

29

31

Part III

2

3

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

```
Loans from officers, directors, trustees, and other disqualified persons
Mortgages and other notes payable (attach schedule). . . . . .
                                                    ارجو
Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .
Foundations that follow SFAS 117, check here
and complete lines 24 through 26 and lines 30 and 31.
Foundations that do not follow SFAS 117, check here ▶
```

| Capital Gallis and | LOSSES TOT TUX OIT THE COUNTER | it Income | | | |
|--------------------------------|---|---|--|-----------------------------------|--|
| | (a) (Ind(s) of property sold (e g , real est se, or common stock, 200 shs MLC (| | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
| 1aSee Addıtıonal Data Table | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | Gain o | h) or (loss) o) minus (g) |
| a See Additional Data Table | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets sho | wing gain in column (h) and owned b | y the foundation | on 12/31/69 | (| Ί) |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | Excess | (k) of col (ı) (j), ıf any | Gains (Col (col (k), but not | h) gain minus less than -0-) or om col (h)) |
| a See Addıtıonal Data Table | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income or (| | in, also enter in F ess), enter -0- in l | | 2 | -11,67 |

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Yes 🗸 No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see instructions before making any entries (a) (d) Base period years Calendar Distribution ratio Adjusted qualifying distributions Net value of noncharitable-use assets year (or tax year beginning in) (col (b) divided by col (c)) 867,100 2015 44,312 0 051104 2014 40,662 790,196 0 051458 2013 30,027 603,378 0 049765 2012 575,616 0 000000

2011 2 Total of line 1, column (d) 2 0 152327 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the 3 0 038082 number of years the foundation has been in existence if less than 5 years 4 1,065,838 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 5 40,589 **5** Multiply line 4 by line 3 6

439 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 41,028 8 Enter qualifying distributions from Part XII, line 4 8 49,026 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions Form 990-PF (2016)

Page 3

| Form 990-PF (2016) | | Page 7 |
|---|---|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, and Contractors (continued) | Foundation Managers, Highly Pa | id Employees, |
| 3 Five highest-paid independent contractors for professional service | es (see instructions). If none, enter ' | "NONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include rele | vant statistical information such as the number | of |
| organizations and other beneficiaries served, conferences convened, research papers produc | | Expenses |
| 1 | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see II | nstructions) | |
| Describe the two largest program-related investments made by the foundation during th | e tax year on lines 1 and 2 | Amount |
| 1 | | |
| | | |
| | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | · · · · · · · · · · · · · · · · · · · | 0 |
| | | Form 990-PF (2016) |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

За 3h

4

5

49.026

48.587

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439

Amounts set aside for specific charitable projects that satisfy the

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

income Enter 1% of Part I, line 27b (see instructions).

3

4

5

a From 2011. **b** From 2012. . . . c From 2013. . **d** From 2014. . . . e From 2015. Page 9

52,853

29,230

23,623

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0

| , | • | |
|-----------|-----------------------------------|---------|
| Part XIII | Undistributed Income (see instruc | ctions) |
| | | |

f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part XII, line 4 🕨 \$ a Applied to 2015, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

5 Excess distributions carryover applied to 2016

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

| | | L | | | |
|---|---|---|--|--|--|
| 1 | Distributable amount for 2016 from Part XI, line 7 | | | | |
| 2 | Undistributed income, if any, as of the end of 2016 | Γ | | | |
| а | Enter amount for 2015 only | | | | |
| b | Total for prior years 20 | Г | | | |

(a)

Corpus

(b)

Years prior to 2015

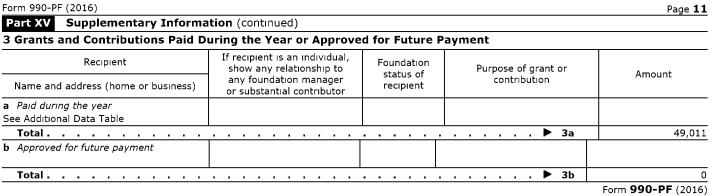
(c)

2015

19,796

19,796

0



| nter gross | amounts unless otherwise indicated | Unrelated bu | siness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|--------------|---|----------------------|----------------------|-----------------------|------------------|--|
| _ | service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | and contracts from government agencies | | | | | |
| _ | rship dues and assessments | | | | | |
| | st on savings and temporary cash | | | | | |
| | ments | | | 14 | 32,841 | |
| | ds and interest from securities tal income or (loss) from real estate | | | 14 | 13,794 | |
| | financed property | | | | | |
| | ebt-financed property | | | | | |
| | ntal income or (loss) from personal property | | | | | |
| | nvestment income | | | | | |
| | r (loss) from sales of assets other than | | | | | |
| ınvent | ory | | | 18 | -11,671 | |
| | ome or (loss) from special events | | | | | |
| | rofit or (loss) from sales of inventory | | | | | |
| | evenue a | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Add columns (b), (d), and (e) | | 0 | | 34,964 | (|
| ine No. ▼ | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex- instructions) | ıncome ıs reporte | d ın column (e) of | Part XVI-A contribut | | |
| | mscruccions) | | | | | |
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|-------|--|
| | Information Regarding Transfers To and Transactions and Relationships With Noncharitable |
| 4 4 1 | Exempt Organizations |

| Part XV | Information Re Exempt Organi | | fers To and Transacti | ons and Relat | tionships With Noncha | ritable | | |
|--------------------|---------------------------------|-----------------------|---|------------------|--|----------------|-----------|----------|
| | organization directly or in | directly engage in | any of the following with a lizations) or in section 527, | | ation described in section 50: cal organizations? | ı | Yes | No |
| a Transfer | rs from the reporting foun | dation to a nonch | arıtable exempt organızatıo | n of | | | | |
| (1) Ca | sh . | | | | | 1a(1) | | No |
| (2) Oth | her assets | | | | | 1a(2) | | No |
| b Other tr | ansactions | | | | | | | |
| | | | anization | | | 1b(1) | | No |
| | | | npt organization | | | 1b(2) | | No |
| | | • | | | | 1b(3) | | No |
| ` ' | ımbursement arrangemen | | | | | 1b(4) 1b(5) | | No No |
| | <u>-</u> | | Iraising solicitations. | | | 1b(5) | | No |
| | | · | assets, or paid employees. | | | 1c | | No |
| _ | | - | | | l always show the fair market | t value | · · · · · | |
| ın any t | ransaction or sharing arra | ngement, show ın | column (d) the value of th | e goods, other a | · | | | |
| (a) Line No | (b) Amount involved | (c) Name of nonch | aritable exempt organization | (d) Description | n of transfers, transactions, and sl | naring arra | ngement | ts |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | · | • | n, or related to, one or more | | | _ | | |
| | ` ' | • | section $501(c)(3)$) or in se | ction 527? | | ∐ Yes | ✓ N | 0 |
| b If "Yes,' | complete the following se | | I (1) T (| 1 | (-) D | t t | | |
| | (a) Name of organization | on | (b) Type of organiza | tion | (c) Description of rela | tionsnip | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| of | | , it is true, correct | | | nying schedules and stateme ner than taxpayer) is based c | | | |
| lere | ***** | | 2017-04-27 | ***** | | IRS discu | | |
| <u> </u> | Signature of officer or to | rustee | Date | Title | | tr)? 🗹 🕻 | | |
| | Print/Type preparer's | name Prep | parer's Signature | Date | Check if self- | P00625 | 5656 | |
| Paid | Allen C Berg | | | | employed ▶ 📙 | . 5002 | | |
| Prepare Use Onl | THE THE PERSON | SS & COMPANY LL | Р | • | Fırm's | EIN ►36 | -26632 | :49 |
| | - | 00 PATRIOT BOUL | EVARD - SUITE 400 | | | | | |
| | GL | | | | | | | 8800 |
| | i | | | | 1 | | | |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (c) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation Ρ RF INDS LTD 2016-02-19 2016-11-28 GNMA POOL #676983 Р 2016-02-18 2016-12-15 GNMA POOL # 710942 Р 2014-02-20 2016-12-15 Р GREAT LAKES DREDGE & DOCK NOTE 2014-06-11 2016-11-17 Ρ 2012-07-27 FIXED INCOME TR GOLDMAN SACHS 2016-10-03 GNMA POOL # 4229 Ρ 2012-07-25 2016-12-20 GNMA POOL # 631860 Ρ 2012-07-25 2016-12-15 Р GNMA POOL # 702310 2012-07-27 2016-12-15 Capital Gains Dividends Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (g) (f) 2,440 5,771 -3,331 15,604 14,547 -1,05713,109 14,108 -999 24,538 25,905 -1,36735,625 37,390 -1,7651,715 1,870 -155 3,909 -270 4,179 34,712 38,291 -3,579 852 852 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(1)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -3,331 -1,057 -999 -1,367-1,765 -155 -270 -3,579 852

| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or Amo | Amount |
|--|---|----------------------|-------------------------|--------|
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| Antı Defamation Leauge 605 Third Avenue New York, NY 10158 | N/A | Public Charity | Unrestricted | 3,000 |
| JCYS 180 W Washington Street Suite 1100 Chicago, IL 60602 | N/A | Public Charity | Unrestricted | 2,150 |
| Jewish Federation Of South Palm Beach 9901 Donna klein Boulvard Boca Raton, FL 33428 | N/A | Public Charity | Unrestricted | 10,000 |
| JUF of Metropolitan Chicago 30 South Wells Street Chicago, IL 60606 | N/A | Public Charity | Unrestricted | 10,000 |
| Northwestern Memorial Foundation 251 E Huron Street Chicago, IL 60611 | N/A | Public Charity | PRETTI KANSAL LAB | 10,000 |
| Play in PINK 175 East 74th Street New York, NY 10021 | N/A | Public Charity | CANCER RESEARCH | 861 |
| University Of Chicago 5235 S Harper Court Suite 450 Chicago, IL 60615 | N/A | Public Charity | FOREFRONT FUND | 2,500 |
| University Of Chicago 5235 S Harper Court Suite 450 Chicago, IL 60602 | N/A | Public Charity | ALZHEIMERS RESEARCH | 10,000 |
| Gilda's Club - Chicago 537 N Wells St Chicago, IL 60654 | N/A | Public Charity | Unrestricted | 500 |
| Total | | | | 49,011 |

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|--|-----------------|---------------------|--|--|--|--|
| T/ 2046 To and an all Grand at | - D I- C-l- | J. 1. | | | | |
| TY 2016 Investments Corporate Bonds Schedule | | | | | | |

Name: KOHN & MITCHELL FAMILY FOUNDATION

| EIN: 45-3915920 | | | | |
|---|---------------------------|----------------------------------|--|--|
| Name of Bond | End of Year Book Value | End of Year Fair Market Value | | |
| 25000 ACCO BRANDS CORP SR NT 6.75%20 | 26,269 | 26,250 | | |
| 25000 INGLES MKTS INC NOTE 5.750% 6/15/23 | 25,079 | 25,688 | | |
| 7000 PERRY ELLIS INTL INCSR SB NT7.875%19 | 7,240 | 7,000 | | |
| 25000 GAP IN NOTE 5.95% | 25,876 | 26,309 | | |
| 2500 B & G FOODS NOTE 4.625 | 25,020 | 25,500 | | |
| 25000 JOY GLOBAL NOTE 5.125% | 18,791 | 27,171 | | |
| 25000 KINDER MORGAN ENERGY NOTE 3.95% | 22,122 | 25,668 | | |

DLN: 93491128009937

TY 2016 Investments Corporate Stock Schedule

Name: KOHN & MITCHELL FAMILY FOUNDATION

EIN: 45-3915920

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|-----------------------------------|---------------------------|----------------------------------|
| 1200 WELLS FARGO & CO NEW DEP SHS | 37,133 | 31,716 |
| 1350 HSBC Hldgs PLC | 37,574 | 34,830 |
| 1400 NEXTERA ENERGY CAP HLDGS | 37,160 | 33,362 |
| 1400 SCE TR I TR PREF SECS | 37,103 | 32,648 |
| 1400 SCHWAB CHARLES CORP NEW DEP | 37,090 | 35,378 |
| 667 PRIVATEBANCORP CAP TR | 17,691 | 17,712 |
| 1000 A H BELO CORP | 5,879 | 6,350 |
| 75 AMERICAN ELEC POWER | 4,705 | 4,722 |
| 600 AMERICAN SOFTWARE | 5,773 | 6,198 |
| 125 AT & T | 4,630 | 5,316 |
| 75 CAMPBELL SOUP | 4,606 | 4,535 |
| 125 CONOCOPHILLIPS | 4,079 | 6,267 |
| 275 CONSOLIDATED COMM HLDGS | 5,588 | 7,384 |
| 1000 COWEN GROUP | 24,729 | 25,710 |
| 700 CROWN CRAFTS INC | 5,838 | 5,425 |
| 300 DOUGLAS DYNAMICS INC | 5,916 | 10,095 |
| 50 EQUITY RESIDENTIAL | 3,692 | 3,218 |
| 450 ESCALADE INC | 5,865 | 5,940 |
| 375 FORD MTR CO | 4,576 | 4,549 |
| 150 GENERAL ELECTRIC | 4,375 | 4,740 |
| 1100 GENERAL FINANCE CORP | 24,509 | 26,653 |
| 1000 HERCULES CAPITAL | 25,229 | 25,550 |
| 150 INTEL | 4,413 | 5,440 |
| 50 JOHNSON & JOHNSON | 5,240 | 5,760 |
| 25 KINBERLY CLARK CORP | 3,291 | 2,853 |
| 50 MCDONALDS CORP | 5,859 | 6,086 |
| 525 MONMOUTH REAL ESTATE | 5,788 | 8,001 |
| 525 MYERS INDS INC | 5,867 | 7,507 |
| 375 NATIONAL CINEMEDIA INC | 5,429 | 5,524 |
| 225 ORCHIDS PAPER PRODS CO | 5,760 | 5,891 |

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|-------------------------------|---------------------------|----------------------------------|
| 75 PAYCHEX INC | 3,872 | 4,566 |
| 350 PETMED EXPRESS INC | 5,858 | 8,075 |
| 150 PFIZER INC | 4,452 | 4,872 |
| 475 PSYCHEMEDICS CORP | 5,684 | 11,723 |
| 1000 SARATOGA INVESTMENT CORP | 24,503 | 25,280 |
| 125 SUNTRUST BANKS | 4,288 | 6,856 |
| 50 UNITED PARCEL SVC INC | 4,897 | 5,732 |
| 75 VERIZON COMMUNICATIONS | 3,841 | 4,004 |
| 125 WESTWOOD HLDGS GROUP | 6,279 | 7,499 |
| 175 WEYERHAEUSER CO | 4,141 | 5,266 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491128009937 |
|--------------------------------------|-----------------|---------------------|
| TY 2016 Investments - Other S | Schedule | |

Name: KOHN & MITCHELL FAMILY FOUNDATION

mer kern arn

| EIN: 45-39159 | | | |
|---|-----------------------|------------|----------------------------------|
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
| 1192 GNMA POOL 702310 | AT COST | 79,019 | 75,805 |
| 275000 GOVT NATL MTG ASSN POOL #710942 4.50000% 10/15/2024 | AT COST | 45,742 | 45,851 |
| 75000 GNMA POOL 631860 | AT COST | 6,474 | 6,242 |
| 90000 GNMA POOL 4229 | AT COST | 8,521 | 8,459 |
| 750 GNMA POOL 676983 | AT COST | 85,533 | 84,712 |

DLN: 93491128009937

Name: KOHN & MITCHELL FAMILY FOUNDATION

EIN: 45-3915920

| Other Assets Schedule | | | | | | |
|----------------------------|-----------------------------------|-----------------------------|------------------------------------|--|--|--|
| Description | Beginning of Year - Book Value | End of Year - Book Value | End of Year - Fair Market Value | | | |
| Interest Receivable | 821 | 931 | 931 | | | |
| Accrued Investment Expense | 66 | 87 | 87 | | | |
| Federal Tax Deposits | 360 | 367 | 367 | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 934911280 | 09937 | | |
|--------------------------------------|-----------------|------------------------|----------------|-------|--|--|
| TY 2016 Other Decreases Schedule | | | | | | |
| | | | | | | |
| Name: | KOHN & MITC | HELL FAMILY FOUNDATION | | | | |
| EIN: | 45-3915920 | | | | | |
| De | escription | | Amount | | | |
| PRIOR YEAR TAX LIABILITY | | | | 353 | | |
| | EIPT OF GOOD/S | | | 489 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | l: 93491128009937 | | |
|---|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2016 Other Expenses Schedule | | | | | | |
| | | | | | | |
| Name: KOHN & MITCHELL FAMILY FOUNDATION | | | | | | |
| EIN: | EIN: 45-3915920 | | | | | |
| Other Expenses Schedule | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| State Registration Fee | 15 | 0 | | 15 | | |

| D | escription | | Amount | | | | | |
|--------------------------------------|-----------------|--------------------------|---------------------|--|--|--|--|--|
| EIN: | 45-3915920 | | | | | | | |
| Name: | KOHN & MITIC | HELL FAMILY FOUNDATION | | | | | | |
| Name | LOUN O MITC | LIELL FAMILY FOLINDATION | | | | | | |
| | | | | | | | | |
| TY 2016 Other Increases Schedule | | | | | | | | |
| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491128009937 | | | | | |

Description Amount

NONDIVIDEND DISTRIBUTIONS PER 1099

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | D | LN: 93491128009937 | | |
|---|------------------------|-------------|------------|--------------------|--|--|
| TY 2016 Other Liabilities Schedule | | | | | | |
| | | | | | | |
| | KOHN & MITC | HELL FAMILY | FOUNDATION | | | |
| EIN: | EIN: 45-3915920 | | | | | |
| Description Beginning of Year - Book Value Book Value | | | | | | |
| Due TO Mitchell Family Foundation | | | 15 | 15 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | <u>-</u> | DL | N: 93491128009937 | | | |
|--|---------------|-----------------|--------------|-------------------|--|--|--|
| TY 2016 Other Professional Fees Schedule | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Name | : KOHN & MII | CHELL FAMILY FO | UNDATION | | | | |
| EIN | : 45-3915920 | | | | | | |
| | | | | | | | |
| Category | Amount | Net Investment | Adjusted Net | Disbursements | | | |
| _ , | | Income | Income | for Charitable | | | |

2,719

Investment Fees

2,719

Purposes

| efile GRAPHIC print - | OO NOT PROCESS As Filed Data - | | | DLN: 93491128009937 | | |
|--|---|--|---|--|--|--|
| Schedule B (Form 990, 990-EZ, | Schedule of Cont | ributors | | OMB No 1545-0047 | | |
| or 990-PF) Department of the Treasury Internal Revenue Service | PF) Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at | | | | | |
| Name of the organizat KOHN & MITCHELL FAMI | | | Employer ide | entification number | | |
| | | | 45-3915920 | | | |
| Organization type (ch | ck one) | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not to | reated as a private foundat | ion | | | |
| | ☐ 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 | | | | | |
| | ation filing Form 990, 990-EZ, or 990-PF that received r property) from any one contributor Complete Parts I | | | | | |
| Special Rules | | | | | | |
| under sections : received from a | ion described in section 501(c)(3) filing Form 990 or 9 i09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule a by one contributor, during the year, total contributions on the 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and | A (Form 990 or 990-EZ), Pa of the greater of (1) \$5,000 o | art II, line 13, 1 | 6a, or 16b, and that | | |
| during the year, | ion described in section 501(c)(7), (8), or (10) filing Fototal contributions of more than \$1,000 exclusively for the prevention of cruelty to children or animals. Comp | religious, charitable, scienti | | | | |
| during the year, If this box is che purpose Do no | ion described in section 501(c)(7), (8), or (10) filing Fo contributions <i>exclusively</i> for religious, charitable, etc., cked, enter here the total contributions that were recei complete any of the parts unless the General Rule applie, etc., contributions totaling \$5,000 or more during | purposes, but no such cont ved during the year for an e pplies to this organization be | ributions total exclusively reli ecause it rece | ed more than \$1,000 gious, charitable, etc, ived nonexclusively | | |
| 990-EZ, or 990-PF), bu | in that is not covered by the General Rule and/or the S it must answer "No" on Part IV, line 2, of its Form 990 orm 990PF, Part I, line 2, to certify that it does not me |), or check the box on line H | of its | | | |
| For Paperwork Reduction for Form 990, 990-EZ, or 9 | Act Notice, see the Instructions Cat No 30 | O613X Schedul | e B (Form 990, | 990-EZ, or 990-PF) (2016) | | |

| ization LL FAMILY FOUNDATION | Employer identification 45-3915920 | number |
|--|---|---|
| Contributors (see instructions) Use duplicate copies of Part I if ad | Iditional space is needed | |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| MARJORIE I MITCHELL ESTATE 111 W MONRE ST | <u>\$ 165,457</u> | Person Payroll Noncash |
| CHICAGO, IL60603 | | (Complete Part II for noncash contributions) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | <u>\$</u> | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | <u>\$</u> | Person Payroll Noncash (Complete Part II for noncash contributions) |
| | Contributors (see instructions) Use duplicate copies of Part Lif ac (b) Name, address, and ZIP + 4 MARJORIE I MITCHELL ESTATE 111 W MONRE ST CHICAGO, IL60603 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 | Contributors (see instructions) Use displicate copies of Part II additional space is needed (b) Name, address, and ZIP + 4 Total contributions MARJORIET MITCHELL ESTATE 111 W MONRE ST CHICAGO, IL60603 (b) Name, address, and ZIP + 4 Total contributions S (c) Total contributions S (b) Name, address, and ZIP + 4 Total contributions S (c) Total contributions S (c) Total contributions S (d) Name, address, and ZIP + 4 Total contributions S (d) Name, address, and ZIP + 4 Name, address, and ZIP + 4 (c) Total contributions S (d) Name, address, and ZIP + 4 (e) Total contributions S (c) Total contributions |

| Schedule B (Form 99 | 0, 990-EZ, or 990-PF) (2016) | | Page 3 |
|---|--|--|--------------------------------|
| Name of organization KOHN & MITCHELL FAN | | Employer ident | ification number |
| KONN & FILT CHEEL TAIL | izer rooms/mon | 45-39 | 915920 |
| Part II | Noncash Property | | |
| (a) No.from Part I | (see instructions) Use duplicate copies of Part II if additional space is needed (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 |
| | | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | Schedule B (Form | 990, 990-EZ, or 990-PF) (2016) |

| Schedule B (Form | 990, 990-EZ, or 990-PF) (2016) | | Page 4 |
|---|---|--|--|
| Name of organization KOHN & MITCHELL FAMILY FOUNDATION | | | Employer identification number 45-3915920 |
| than \$1, organiz the year | 000 for the year from any one contributor | r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$ | d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 F | t Relationship of transferor to transferee |
| (a) | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| No.from Part I | (b) I dipose of gift | (c) ose or give | (u) Bescription of now gift is field |
| | Transferee's name, address, and | (e) Transfer of gift | t Relationship of transferor to transferee |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of gift | t Relationship of transferor to transferee |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee | | |
| | | | Schedule B (Form 990, 990-EZ, or 990-PF) (2016) |