

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



NONE

Part XV. Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year  SEE ATTACHED LIST	or substantial contributor	NONE	ALL ARE PUBLICLY SUPPORTED CHARITIES  Each contribut is given for The Exercyt puips of ganize	67,500.
,		`		,
Total		<u> </u>	<b>▶</b> 3a	67,500.
b Approved for future payment  NONE				
Total			<b>▶</b> 3b	0.

BRYCE & HARRIET ALPERN FOUNDATION 4716 OVERTON CV BLOOMFIELD HILLS MI 48302



005438

## DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Harriet alfran	1/23/201
Signature of Officer or Trustee	Date
Trustes	
Title	