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Form 990-PF

## Return of Private Foundation

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

2011

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

For calendar year 2011, or tax year beginning 07-01-2011, and ending 06-30-2012

**G** Check all that apply  Initial return  Initial return of a former public charity  Final return  
 Amended return  Address change  Name change

Name of foundation  
ALICE A STODDARD TRUST UW  
MONROE BANK & TRUST TRUSTEE

Number and street (or P O box number if mail is not delivered to street address)  102 EAST FRONT STREET  
Room/suite

City or town, state, and ZIP code  
MONROE, MI 48161

**H** Check type of organization  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, col. (c), line 16)  \$ 193,585 **J** Accounting method  Cash  Accrual  
 Other (specify)  (Part I, column (d) must be on cash basis.)

**Part I** **Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)				
2	Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
3	Interest on savings and temporary cash investments	112	112		
4	Dividends and interest from securities. . . . .	4,440	4,440		
5a	Gross rents . . . . .				
b	Net rental income or (loss) . . . . .				
6a	Net gain or (loss) from sale of assets not on line 10	4,309			
b	Gross sales price for all assets on line 6a <input type="text"/> 106,545				
7	Capital gain net income (from Part IV, line 2) . . . . .		4,309		
8	Net short-term capital gain . . . . .				
9	Income modifications . . . . .				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold . . . . .				
c	Gross profit or (loss) (attach schedule) . . . . .				
11	Other income (attach schedule) . . . . .				
12	<b>Total.</b> Add lines 1 through 11 . . . . .	8,861	8,861		

Revenue	13	Compensation of officers, directors, trustees, etc	3,000	1,500	1,500
Operating and Administrative Expenses	14	Other employee salaries and wages . . . . .			
	15	Pension plans, employee benefits . . . . .			
	16a	Legal fees (attach schedule) . . . . .			
	b	Accounting fees (attach schedule) . . . . .	670	335	335
	c	Other professional fees (attach schedule) . . . . .			
	17	Interest . . . . .			
	18	Taxes (attach schedule) (see page 14 of the instructions)	349		
	19	Depreciation (attach schedule) and depletion . . . . .			
	20	Occupancy . . . . .			
	21	Travel, conferences, and meetings . . . . .			
	22	Printing and publications . . . . .			
	23	Other expenses (attach schedule) . . . . .	238	119	119
	24	<b>Total operating and administrative expenses.</b>			
		Add lines 13 through 23 . . . . .	4,257	1,954	1,954
	25	Contributions, gifts, grants paid . . . . .	1,601		1,601
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	5,858	1,954	3,555

	27	Subtract line 26 from line 12			
	a	<b>Excess of revenue over expenses and disbursements</b>	3,003		
	b	<b>Net investment income</b> (if negative, enter -0-) . . . . .		6,907	
	c	<b>Adjusted net income</b> (if negative, enter -0-) . . . . .			

	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .	205	23	23	
	2 Savings and temporary cash investments . . . . .	5,690	14,389	14,389	
	3 Accounts receivable ►				
	Less allowance for doubtful accounts ►				
	4 Pledges receivable ►				
	Less allowance for doubtful accounts ►				
	5 Grants receivable . . . . .				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . .				
	7 Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►				
	8 Inventories for sale or use . . . . .				
	9 Prepaid expenses and deferred charges . . . . .				
	10a Investments—U S and state government obligations (attach schedule)				
	b Investments—corporate stock (attach schedule) . . . . .	118,789	97,682	110,214	
	c Investments—corporate bonds (attach schedule) . . . . .	52,023	67,616	68,959	
	11 Investments—land, buildings, and equipment basis ►				
Less accumulated depreciation (attach schedule) ►					
12 Investments—mortgage loans . . . . .					
13 Investments—other (attach schedule) . . . . .					
14 Land, buildings, and equipment basis ►					
Less accumulated depreciation (attach schedule) ►					
15 Other assets (describe ► _____)					
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	176,707	179,710	193,585		
Liabilities	17 Accounts payable and accrued expenses . . . . .				
	18 Grants payable . . . . .				
	19 Deferred revenue . . . . .				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable (attach schedule) . . . . .				
	22 Other liabilities (describe ► _____)				
	23 Total liabilities (add lines 17 through 22) . . . . .			0	
	<b>Foundations that follow SFAS 117, check here ► <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24 Unrestricted . . . . .				
	25 Temporarily restricted . . . . .				
	26 Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> <b>and complete lines 27 through 31.</b>				
	27 Capital stock, trust principal, or current funds . . . . .	176,707	179,710		
	28 Paid-in or capital surplus, or land, bldg , and equipment fund				
	29 Retained earnings, accumulated income, endowment, or other funds				
	30 Total net assets or fund balances (see page 17 of the instructions) . . . . .	176,707	179,710		
31 Total liabilities and net assets/fund balances (see page 17 of the instructions) . . . . .	176,707	179,710			
Net Assets or Fund Balances					

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	176,707
2	Enter amount from Part I, line 27a . . . . .	2	3,003
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3 . . . . .	4	179,710
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	179,710

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1 a</b>	SEE ATTACHED - MB&T 24000379	P	2011-12-31	2011-12-31
<b>b</b>	SEE ATTACHED - MB&T 24000379	P	2010-12-31	2011-12-31
<b>c</b>	MONTANA POWER - LITIGATION	P	2010-12-31	2011-12-31
<b>d</b>				
<b>e</b>				
<b>(e) Gross sales price</b>		<b>(f) Depreciation allowed (or allowable)</b>	<b>(g) Cost or other basis plus expense of sale</b>	<b>(h) Gain or (loss) (e) plus (f) minus (g)</b>
<b>a</b>	16,166		16,143	23
<b>b</b>	89,858		86,093	3,765
<b>c</b>	29			29
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				<b>(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))</b>
<b>(i) F M V as of 12/31/69</b>	<b>(j) Adjusted basis as of 12/31/69</b>	<b>(k) Excess of col (i) over col (j), if any</b>		
<b>a</b>				23
<b>b</b>				3,765
<b>c</b>				29
<b>d</b>				
<b>e</b>				
<b>2</b>	Capital gain net income or (net capital loss)	<b>If gain, also enter in Part I, line 7</b> <b>If (loss), enter -0- in Part I, line 7</b>	<b>2</b>	4,309
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)		<b>3</b>	23
	If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in 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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2010	4,215	188,389	0 022374
2009	4,370	170,312	0 025659
2008	10,480	168,170	0 062318
2007	46,179	259,173	0 178178
2006	1,893	317,049	0 005971
<b>2</b>			<b>2</b> 0 294500
<b>3</b>			<b>3</b> 0 058900
<b>4</b>			<b>4</b> 188,263
<b>5</b>			<b>5</b> 11,089
<b>6</b>			<b>6</b> 69
<b>7</b>			<b>7</b> 11,158
<b>8</b>			<b>8</b> 3,555

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 on page 18

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1	1	138
Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</b>			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of 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. . . . .	3	138
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	5	138
6	<b>Credits/Payments</b>		
a	2011 estimated tax payments and 2010 overpayment credited to 2011	6a	300
b	Exempt foreign organizations—tax withheld at source . . . . .	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld . . . . .	6d	
7	Total credits and payments Add lines 6a through 6d. . . . .	7	300
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	162
11	Enter the amount of line 10 to be <b>Credited to 2012 estimated tax</b> <input type="checkbox"/> 162 <b>Refunded</b> <input type="checkbox"/> 11	11	

**Part VII-A Statements Regarding Activities**

		<b>Yes</b>	<b>No</b>
1a	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? . . . . .	1a	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .	1b	No
<i>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.</i>			
c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	1c	No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ _____ <b>(2)</b> On foundation managers <input type="checkbox"/> \$ _____		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either ● 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	Yes
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> MI		
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? <i>If "No," attach explanation.</i>	8b	Yes
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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i>	9	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions). . . . .	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . .	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .	13	Yes	
Website address ► N/A				
14	The books are in care of ► MONROE BANK TR-JAIME MCDONALD Located at ► 102 EAST FRONT STREET MONROE MI	Telephone no ► (734) 242-2047 ZIP +4 ► 48161		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
16	At any time during calendar year 2011, 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
See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country ►				

**Part 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.		Yes	No
<b>1a</b>	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . . . ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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). . . . . ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 page 20 of the instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>	1b	
<b>c</b>	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 2011? . . . . .	1c	No
<b>2</b>	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))		
<b>a</b>	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? . . . . . ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see page 20 of the instructions) . . . . .	2b	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2011 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 2011). . . . .	3b	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	No
<b>b</b>	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 2011? . . . . .	4b	No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

5a	During the year did the foundation pay or incur any amount to			
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions). . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here. . . . .	<input checked="" type="checkbox"/>	5b	No
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		6b	No
	<i>If "Yes" to 6b, file Form 8870.</i>			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .		7b	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation <b>(If not paid, enter -0-)</b>	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MONROE BANK & TRUST MONROE BANK & TRUST 102 EAST FRONT STREET MONROE, MI 48161	TRUSTEE 2 00	3,000	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "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
NONE				
<b>Total number of other employees paid over \$50,000.</b>				

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see page 23 of the 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. . . . .		

**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 such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See page 24 of the instructions	
3	
Total. Add lines 1 through 3. . . . .	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a Average monthly fair market value of securities. . . . .	1a	179,101
b Average of monthly cash balances. . . . .	1b	12,029
c Fair market value of all other assets (see page 24 of the instructions). . . . .	1c	0
<b>d Total</b> (add lines 1a, b, and c). . . . .	1d	191,130
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	
2 Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3 Subtract line 2 from line 1d. . . . .	3	191,130
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions). . . . .	4	2,867
<b>5 Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	188,263
<b>6 Minimum investment return.</b> Enter 5% of line 5. . . . .	6	9,413

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

1 Minimum investment return from Part X, line 6. . . . .	1	9,413
2a Tax on investment income for 2011 from Part VI, line 5. . . . .	2a	138
b Income tax for 2011 (This does not include the tax from Part VI ). . . . .	2b	
c Add lines 2a and 2b. . . . .	2c	138
3 Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	9,275
4 Recoveries of amounts treated as qualifying distributions. . . . .	4	
5 Add lines 3 and 4. . . . .	5	9,275
6 Deduction from distributable amount (see page 25 of the instructions). . . . .	6	
<b>7 Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	9,275

**Part XII Qualifying Distributions** (see page 25 of the instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	3,555
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		
a Suitability test (prior IRS approval required). . . . .	3a	
b Cash distribution test (attach the required schedule). . . . .	3b	
<b>4 Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3,555
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 page 26 of the instructions). . . . .	5	
<b>6 Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	3,555

**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

**Part XIII Undistributed Income** (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
<b>1</b> Distributable amount for 2011 from Part XI, line 7				9,275
<b>2</b> Undistributed income, if any, as of the end of 2011				
<b>a</b> Enter amount for 2010 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2011				
<b>a</b> From 2006. . . . .				
<b>b</b> From 2007. . . . .	8,412			
<b>c</b> From 2008. . . . .	2,185			
<b>d</b> From 2009. . . . .				
<b>e</b> From 2010. . . . .				
<b>f Total</b> of lines 3a through e. . . . .	10,597			
<b>4</b> Qualifying distributions for 2011 from Part XII, line 4 ► \$ _____ 3,555				
<b>a</b> Applied to 2010, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
<b>c</b> Treated as distributions out of corpus (Election required—see page 26 of the instructions). . . . .				
<b>d</b> Applied to 2011 distributable amount. . . . .				3,555
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a).)	5,720			5,720
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,877			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions . . . . .				
<b>e</b> Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions . . . . .				
<b>f</b> Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions). . . . .				
<b>8</b> Excess distributions carryover from 2006 not applied on line 5 or line 7 (see page 27 of the instructions). . . . .				
<b>9</b> <b>Excess distributions carryover to 2012.</b> Subtract lines 7 and 8 from line 6a . . . . .	4,877			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2007. . . . .	2,692			
<b>b</b> Excess from 2008. . . . .	2,185			
<b>c</b> Excess from 2009. . . . .				
<b>d</b> Excess from 2010. . . . .				
<b>e</b> Excess from 2011. . . . .				

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling. <input type="text"/>			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
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.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i).			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter			
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)****1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

UNIV OF MICHIGAN MEDICAL RESEARCH  
MEDICAL ADMINISTRATION BOX 0624  
ANN ARBOR, MI 48109  
(734) 763-9600

b The form in which applications should be submitted and information and materials they should include

SAMPLE APPLICATION ATTACHED

c Any submission deadlines

FEBRUARY 1

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

INDIVIDUALS MUST BE SELECTED BY THE UNIVERSITY OF MICHIGAN FOR LYMPH GLAND RESEARCH

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF MICHIGAN MEDICAL SCHOOL ANN ARBOR, MI 48109		EXEMPT	TO FINANCE A STUDENT'S RESEARCH	1,601
<b>Total</b> . . . . .			► 3a	1,601
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting foundation to a noncharitable exempt organization or**

## **b** Other transactions

- (1) Sales of assets to a noncharitable exempt organization. . . . .
- (2) Purchases of assets from a noncharitable exempt organization. . . . .
- (3) Rental of facilities, equipment, or other assets. . . . .
- (4) Reimbursement arrangements. . . . .
- (5) Loans or loan guarantees. . . . .
- (6) Performance of services or membership or fundraising solicitations. . . . .

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.**

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge</p>		
<p>***** Signature of officer or trustee</p>	<p>2012-07-24 Date</p>	<p>***** Title</p>
<p><b>Sign Here</b>  <b>Paid Preparer's Use Only</b></p>	<p>Preparer's Signature ► DAVID K HEHL</p>	<p>Date 2012-08-06 Check if self-employed ► PTIN P00186340</p>
	<p>Firm's name ► COOLEY HEHL WOHLGAMUTH &amp; CARLTON PLLC 1 SOUTH MONROE</p>	<p>Firm's EIN ► 38-1335762</p>
	<p>Firm's address ► MONROE, MI 48161</p>	<p>Phone no (734) 241-7200</p>

May the IRS discuss this return with the preparer shown above? See Instructions . . . . .  Yes  No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-6052244

**Name:** ALICE A STODDARD TRUST UW  
MONROE BANK & TRUST TRUSTEE

### Form 990PF - Special Condition Description:

Special Condition Description
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## TY 2011 Accounting Fees Schedule

**Name:** ALICE A STODDARD TRUST UW  
MONROE BANK & TRUST TRUSTEE  
**EIN:** 38-6052244

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT- TAX SERVICE	670	335		335

## TY 2011 Compensation Explanation

**Name:** ALICE A STODDARD TRUST UW  
MONROE BANK & TRUST TRUSTEE  
**EIN:** 38-6052244

Person Name	Explanation
MONROE BANK TRUST	
MONROE BANK TRUST	

## TY 2011 Investments Corporate Bonds Schedule

**Name:** ALICE A STODDARD TRUST UW  
MONROE BANK & TRUST TRUSTEE  
**EIN:** 38-6052244

Name of Bond	End of Year Book Value	End of Year Fair Market Value
445/0 SHS PIMCO HIGH YIELD		
372/306 SHS WELLS FARGO ADV INTL BND	3,394	3,439
2,201/0 SHS PIMCO TOTAL RETURN		
247/196 SHS VANGUARD INFLATION	2,329	2,862
291/261 SHS FIDELITY AD EMG MK	3,407	3,658
1,033/625 SHS DODGE & COX INCOME FD	8,336	8,502
0/464 SHS BLACK ROCK HIGH YIELD BOND	3,608	3,576
0/310 SHS RIDGEWORTH SEIX FLOATINIG	2,699	2,721
0/3,982 SHS VANGUARD TTTL BND MARKET	43,843	44,201

## TY 2011 Investments Corporate Stock Schedule

**Name:** ALICE A STODDARD TRUST UW  
MONROE BANK & TRUST TRUSTEE  
**EIN:** 38-6052244

Name of Stock	End of Year Book Value	End of Year Fair Market Value
227/230 SHS T ROWE PRICE REAL ESTATE	3,061	4,819
773/135 SHS ROYCE PENN MUTUAL	1,660	1,507
386/0 SHS EATON VANCE EMERG MKTS		
143/0 SHS CHINA FD 804		
0/931 SHS PIMCO COMM RR	6,235	5,974
652/739 SHS VANGUARD DEV MRKTS	7,624	6,521
894/599 SHS VANGUARD GRWTH	14,048	19,435
796/391 SHS VANGUARD VALUE	7,363	8,867
894/0 SHS TFS MARKET NEUTRAL FUND		
858/1,067 SHS VANGUARD EQUITY INCOME	20,870	24,748
252/0 SHS WELLS FARGO GROWTH FD INST		
67/0 SHS WELLS FARGO PREC METALS CL		
0/302 SHS PERRITT MICRO CAP OPPOR	7,475	7,880
0/214 SHS VANGUARD MID CAP INDEX	6,235	6,458
0/434 SHS VANGUARD SMALL CAP INDEX	13,509	14,220
0/314 SHS ACADIAN EMERGING MARKETS	5,196	5,347
0/101 SHS EATON VANCE PARAMETRIC	4,406	4,438

## TY 2011 Other Expenses Schedule

**Name:** ALICE A STODDARD TRUST UW  
MONROE BANK & TRUST TRUSTEE  
**EIN:** 38-6052244

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
INVESTMENT EXPENSES	238	119		119

## TY 2011 Taxes Schedule

**Name:** ALICE A STODDARD TRUST UW  
MONROE BANK & TRUST TRUSTEE  
**EIN:** 38-6052244

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	349			

ACCT 971X 24000379  
FROM 07/01/2011  
TO 02/29/2012

STATEMENT OF CAPITAL GAINS AND LOSSES  
ALICE STODDARD TR UW

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TRUST YEAR ENDING 06/30/2012

TAX PREPARER:  
TRUST ADMINISTRATOR: 9  
INVESTMENT OFFICER: 5

LEGEND: F - FEDERAL S - STATE I - INHERITED  
R - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	TERM	NC
72 2300 BLACKROCK HIGH YIELD BOND FU ND #40	0919296PD	- MINOR = 14					
SOLD	01/11/2012	541.00					
ACQ	72.2300	07/14/2011	541.00	561.95	-20.95	ST	Y
408.1400 DODGE & COX INCOME FUND - 25621010D		MINOR = 14					
SOLD	01/11/2012	5465.00					
ACQ	408.1400	09/27/2010	5465.00	5452.75	12.25	LT15	Y
59.3900 EATON VANCE TAX MNG EMG MKT (PARAMETRIC)		27790760D	- MINOR = 14				
SOLD	11/23/2011	2425.49					
ACQ	59.3900	02/23/2007	2425.49	2458.15	-22.66	LT15	Y
2.1440 EATON VANCE TAX ING EMG MKT (PARAMETRIC)		27790760D	- MINOR = 14				
SOLD	11/23/2011	27.56					
ACQ	2.1440	11/06/2007	27.56	121.00	-33.44	LT15	Y
2.4400 EATON VANCE TAX MNG EMG MKT (PARAMETRIC)		27790760D	- MINOR = 14				
SOLD	11/23/2011	99.65					
ACQ	2.4400	12/27/2007	99.65	129.64	-29.99	LT15	Y
32 4260 EATON VANCE TAX ING EMG MKT (PARAMETRIC)		27790760D	- MINOR = 14				
SOLD	11/23/2011	1324.28					
ACQ	32.4260	02/12/2008	1324.28	1580.11	-255.83	LT15	Y
64.2910 EATON VANCE TAX MNG EMG MKT (PARAMETRIC)		27790760D	- MINOR = 14				
SOLD	01/11/2012	2722.72					
ACQ	64.2910	02/12/2008	2722.72	3132.89	-410.17	LT15	Y
14.8300 EATON VANCE TAX ING EMG MKT (PARAMETRIC)		27790760D	- MINOR = 14				
SOLD	01/11/2012	628.05					
ACQ	14.8300	05/06/2008	628.05	779.00	-150.95	LT15	Y
109 3560 EATON VANCE TAX MNG EMG MKT (PARAMETRIC)		27790760D	- MINOR = 14				
SOLD	01/11/2012	4631.23					
ACQ	109.3560	07/24/2008	4631.23	5079.50	-448.37	LT15	Y
39.6380 FIDELITY ADVISOR EMERGING MARKET INCOME FUND - 31592070D		- MINOR = 14					
SOLD	01/11/2012	393.00					
ACQ	29.6380	10/29/2009	393.00	377.29	15.71	LT15	Y
125.0000 BLACKROCK PREMIER IM INCOME - 3C0085P20I		MINOR = 17					
SOLD	07/21/2011	125.00					
ACQ	125.0000		125.00	125.00	0.00	LT15	Y
125.0000 BLACKROCK PREMIER MM INCOME - 36085P20I		MINOR = 17					
SOLD	08/23/2011	125.00					
ACQ	125.0000		125.00	125.00	0.00	LT15	Y
335.0000 BLACKROCK PREMIER MM INCOME - 36085P20I		MINOR = 17					
SOLD	09/09/2011	335.00					
ACQ	335.0000		335.00	335.00	0.00	LT15	Y
125.0000 BLACKROCK PREMIER MM INCOME - 36085P20I		MINOR = 17					
SOLD	09/21/2011	125.00					
ACQ	125.0000		125.00	125.00	0.00	LT15	Y
125.0000 BLACKROCK PREMIER MM INCOME - 36085P20I		MINOR = 17					
SOLD	10/21/2011	125.00					
ACQ	125.0000		125.00	125.00	0.00	LT15	Y
125.0000 BLACKROCK PREMIER MM INCOME - 36085P20I		MINOR = 17					
SOLD	11/22/2011	125.00					
ACQ	125.0000		125.00	125.00	0.00	LT15	Y
125.0000 BLACKROCK PREMIER MM INCOME - 36085P20I		MINOR = 17					
SOLD	12/21/2011	125.00					
ACQ	125.0000		125.00	125.00	0.00	LT15	Y
125.0000 BLACKROCK PREMIER MM INCOME - 36085P20I		MINOR = 17					
SOLD	01/20/2012	125.00					
ACQ	125.0000		125.00	125.00	0.00	LT15	Y
125.0000 BLACKROCK PREMIER MM INCOME - 36085P20I		MINOR = 17					
SOLD	02/23/2012	125.00					
ACQ	125.0000		125.00	125.00	0.00	LT15	Y
131.4380 CHINA FUND #804 CLASS I - 57713070D		MINOR = 14					
SOLD	01/01/2011	3276.75					
ACQ	131.4380	04/06/2010	3276.75	3537.00	-260.25	LT15	Y
11.5240 CHINA FUND #804 CLASS I - 57713070D		MINOR = 14					
SOLD	01/01/2011	287.29					
ACQ	11.5240	02/15/2011	287.29	329.00	-41.71	ST	Y
644.3120 PIMCO TOTAL RETURN FUND-INST - 69339070D		- MINOR = 14					
SOLD	01/11/2012	7061.66					
ACQ	644.3120	02/12/2008	7061.66	7080.99	-19.33	LT15	Y
252.0880 PIMCO TOTAL RETURN FUND-INST - 69339070D		- MINOR = 14					
SOLD	01/11/2012	2872.46					
ACQ	252.0880	05/06/2008	2872.46	2862.00	10.48	LT15	Y
121.0070 PIMCO TOTAL RETURN FUND-INST - 69339070D		- MINOR = 14					
SOLD	01/11/2012	1326.24					
ACQ	121.0070	12/10/2008	1326.24	1157.98	128.26	LT15	Y
713.8570 PIMCO TOTAL RETURN FUND-INST - 69339070D		- MINOR = 14					
SOLD	01/11/2012	7823.87					
ACQ	713.8570	03/14/2009	7823.87	7367.00	456.87	LT15	Y
65.9180 PIMCO TOTAL RETURN FUND INST - 69339070D		- MINOR = 14					
SOLD	01/11/2012	722.46					
ACQ	65.9180	08/18/2009	722.46	704.00	18.46	LT15	Y
48.8540 PIMCO TOTAL RETURN FUND INST - 69339070D		- MINOR = 14					
SOLD	01/11/2012	535.44					
ACQ	48.8540	10/29/2008	535.44	533.00	2.44	LT15	Y
345.0630 PIMCO TOTAL RETURN FUND-INST - 69339070D		- MINOR = 14					
SOLD	01/11/2012	3782.11					
ACQ	345.0630	02/15/2011	3782.11	3720.00	62.11	ST	Y

ACCT 971X 24000379  
FROM 07/01/2011  
TO 02/29/2012

STATEMENT OF CAPITAL GAINS AND LOSSES  
ALICE STODDARD TR UW

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TRUST YEAR ENDING 06/30/2012

TAX PREPARER:  
TRUST ADMINISTRATOR: 9  
INVESTMENT OFFICER: 5

LEGEND. F - FEDERAL S - STATE I - INHERITED  
E - EXEMPT FROM STATE U ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	TERM	NC
109.5610 PIMCO HIGH YIELD FUND-INSTL - 69339084D - MINOR = 14							
SOLD 07/14/2011 1028.78							
ACQ 109.5610 02/23/2007 1028.78				1095.61	-66.83	LT15	Y
27.8010 PIMCO HIGH YIELD FUND-INSTL - 69339084D MINOR = 14							
SOLD 07/14/2011 261.05							
ACQ 27.8010 08/14/2007 261.05				263.00	-1.95	LT15	Y
46.9010 PIMCO HIGH YIELD FUND-INSTL - 69339084D MINOR = 14							
SOLD 07/14/2011 440.40							
ACQ 46.9010 11/06/2007 440.40				454.00	-13.60	LT15	Y
2960 PIMCO HIGH YIELD FUND-INSTL - 69339084D - MINOR = 14							
SOLD 07/14/2011 2.78							
ACQ .2960 12/12/2007 2.78				2.83	-0.05	LT15	Y
18.4750 PIMCO HIGH YIELD FUND-INSTL - 69339084D MINOR = 14							
SOLD 07/14/2011 173.48							
ACQ 18.4750 02/12/2008 173.48				172.00	1.48	LT15	Y
21.7210 PIMCO HIGH YIELD FUND-INSTL - 69339084D MINOR = 14							
SOLD 07/14/2011 203.96							
ACQ 21.7210 05/06/2008 203.96				207.00	-3.04	LT15	Y
148.4720 PIMCO HIGH YIELD FUND-INSTL - 69339084D - MINOR = 14							
SOLD 07/14/2011 1394.15							
ACQ 148.4720 01/14/2009 1394.15				1020.00	374.15	LT15	Y
71.4140 PIMCO HIGH YIELD FUND-INSTL - 69339084D - MINOR = 14							
SOLD 07/14/2011 670.58							
ACQ 71.4140 02/15/2011 670.58				677.00	-6.42	ST	Y
114.9480 ROYCE PENNSYLVANIA MUT FD-IN - 78090584D - MINOR = 14							
SOLD 11/23/2011 1108.56							
ACQ 114.9480 02/12/2008 1108.56				1156.38	32.18	LT15	Y
38.3900 ROYCE PENNSYLVANIA MUT FD-IN - 78090584D - MINOR = 14							
SOLD 11/23/2011 396.96							
ACQ 38.3900 05/06/2008 396.96				410.00	-13.04	LT15	Y
1.3330 ROYCE PENNSYLVANIA MUT FD-IN - 78090584D - MINOR = 14							
SOLD 11/23/2011 13.78							
ACQ 1.3330 07/24/2008 13.78				13.59	0.20	LT15	Y
68.8340 ROYCE PENNSYLVANIA MUT FD-IN - 78090584D - MINOR = 14							
SOLD 01/11/2012 769.56							
ACQ 68.8340 07/24/2008 769.56				701.42	68.14	LT15	Y
402.9600 ROYCE PENNSYLVANIA MUT FD-IN - 78090584D MINOR = 14							
SOLD 01/11/2012 4505.10							
ACQ 402.9600 01/14/2009 4505.10				2587.00	1918.10	LT15	Y
4.6070 ROYCE PENNSYLVANIA MUT FD-IN - 78090584D MINOR = 14							
SOLD 01/11/2012 51.51							
ACQ 4.6070 10/29/2009 51.51				41.00	10.51	LT15	Y
7.5680 ROYCE PENNSYLVANIA MUT FD-IN - 78090584D MINOR = 14							
SOLD 01/11/2012 84.83							
ACQ 7.5380 02/15/2011 84.83				93.48	-8.55	ST	Y
806.9870 TFS MARKET NEUTRAL FUND - 87240710D - MINOR = 14							
SOLD 01/11/2012 11749.73							
ACQ 806.9870 09/27/2010 11749.73				12589.00	-839.27	LT15	Y
86.8460 TFS MARKET NEUTRAL FUND - 87240710D MINOR = 14							
SOLD 01/11/2012 1264.48							
ACQ 86.8460 02/15/2011 1264.48				1327.00	-62.52	ST	Y
65.2090 VANGUARD DEVELOPED MKT-INV - 92190970D - MINOR = 14							
SOLD 11/23/2011 537.97							
ACQ 65.2090 07/24/2008 537.97				767.51	-229.54	LT15	Y
51.3040 VANGUARD INFLAT PROTECTED-IV - 92203186D MINOR = 14							
SOLD 01/11/2012 728.00							
ACQ 51.3040 01/14/2009 728.00				601.80	126.20	LT15	Y
11.8040 VANGUARD VALUE INDEX FD-SIGN - 92290846D MINOR = 14							
SOLD 01/11/2012 259.22							
ACQ 11.8040 01/14/2009 259.22				181.55	77.67	LT15	Y
377.7590 VANGUARD VALUE INDEX FD-SIGN - 92290846D MINOR = 14							
SOLD 01/11/2012 8295.59							
ACQ 377.7590 01/18/2009 8295.59				6641.00	1654.59	LT15	Y
15.4280 VANGUARD VALUE INDEX FD-SIGN - 92290846D MINOR = 14							
SOLD 01/11/2012 343.19							
ACQ 15.4280 10/29/2009 343.19				293.96	49.23	LT15	Y
28.9430 VANGUARD GROWTH INDEX FD-SIG - 92290847D MINOR = 14							
SOLD 01/11/2012 1179.59							
ACQ 28.9430 01/14/2009 1179.59				658.25	481.34	LT15	Y
255.2130 VANGUARD GROWTH INDEX FD-SIG 92290847D MINOR = 14							
SOLD 01/11/2012 7730.41							
ACQ 255.2130 08/18/2009 7730.41				5619.79	2110.62	LT15	Y
66.5460 WELLS FARGO PREC METALS CL 1 FUND #154 - 94985D49D - MINOR = 14							
SOLD 01/11/2012 5122.05							
ACQ 66.5460 09/27/2010 5122.05				6080.29	-958.24	LT15	Y
66.3430 WELLS FARGO ADVANTAGE INTL BOND FUND - 94985D58D - MINOR = 14							
SOLD 01/11/2012 751.00							
ACQ 66.3430 02/12/2008 751.00				768.25	-17.25	LT15	Y
252.0030 WELLS FARGO GROWTH FUND INST FUND #3105 - 94991571D - MINOR = 14							
SOLD 01/11/2012 9535.79							
ACQ 252.0030 02/15/2011 9535.79				9435.00	100.79	ST	Y
TOTALS			106023.73	102236.05			

ACCT 971X 24000379  
FROM 07/01/2011  
TO 02/29/2012

STATEMENT OF CAPITAL GAINS AND LOSSES  
ALICE STODDARD TR UW  
TRUST YEAR ENDING 06/30/2012

PAGE 24  
RUN 07/10/2012  
12:56:30 PM

TAX PREPARER,  
TRUST ADMINISTRATOR: S  
INVESTMENT OFFICER: S

LEGEND. F - FEDERAL S - STATE I - INHERITED  
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	TERM	NC
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SUMMARY OF CAPITAL GAINS/LOSSES

FEDERAL	SHORT TERM	LONG TERM 28%	LONG TERM 15%	ST WASH SALE	LT WASH SALE	1250 GAIN
NONCOVERED FROM ABOVE	22.65	0.00	3765.08	0.00	0.00	0.00*
COVERED FROM ABOVE	0.00	0.00	0.00	0.00	0.00	0.00
COMMON TRUST FUND	0.00	0.00	0.00			0.00
CAPITAL GAIN DIVIDENDS	0.00	0.00	472.49			0.00
	22.65	0.00	4237.57	0.00	0.00	0.00

STATE

NONCOVERED FROM ABOVE	22.65	0.00	3765.08	0.00	0.00	0.00*
COVERED FROM ABOVE	0.00	0.00	0.00	0.00	0.00	0.00
COMMON TRUST FUND	0.00	0.00	0.00			0.00
CAPITAL GAIN DIVIDENDS	0.00	0.00	472.49			0.00
	22.65	0.00	4237.57	0.00	0.00	0.00

\* - 1250 GAIN DETAILED ON TRANS PAGES, NOT ABOVE

CAPITAL LOSS CARRYOVER

FEDERAL	0.00	0.00
MICHIGAN	0.00	0.00

Student Medical Research Program  
Medical Administration  
M7330 Medical Science I Box 0624

Mrs. Jeanne Jaeger  
Coordinator, SMRP  
(313) 936-1494

Instructions Regarding Completion of Applications For  
Medical School Student Research Applications

The Committee on Student Medical Research has as its goal the development of satisfying research experiences for all interested students. Many of the research experiences are supported by the individual prospective faculty advisor's own research or training grants. When the prospective faculty advisor does not have funds available for student research, the student may apply for a stipend of approximately \$546.00 per month for a minimum of two (2) months (8 weeks) and a maximum of three (3) months (12 weeks). The final payment will not be paid until a report, abstract and survey form are received from the student, and a letter of evaluation from the preceptor. If the faculty advisor has limited funds, we will fund part of the stipend.

The student may consult with several staff members in order to select the setting in which he/she would like to work. Before completing the application form, the student and prospective faculty research advisor must agree on a mutually acceptable project. The student must become well acquainted with the research project before completing the application form. Usually this requires considerable consultation with the prospective faculty research advisor and reading relevant medical literature. The student is expected to complete the first pages of the application form. The entire application should be edited and approved by the faculty research advisor who must also complete the last page of the application. Each student may submit only one proposal.

Selection of an appropriate project and its careful presentation in the application form are all-important in securing approval of the fellowship. Each application is studied and graded by members of the Committee on Student Medical Research. Average grades of the applications are rank-ordered. In the past, funds have not been available to support all applicants, and selection has been based on the results of this grading procedure. Since judgment regarding the approval of an application is based almost entirely on what is written on the application form, it behooves the student to do a thoughtful job. A careful and concise statement of the specific aims, the research plan, previous work in the field, and the significance of the project are essential. This presentation should be an exact statement of what the student plans to do. A description of how this problem fits into the broader research that is being conducted in the advisor's laboratory (if it does) is also helpful. It is important that the proposed project is one that can realistically be accomplished by the student during this research period. The proposed project must be one in which the student enters into the intellectual aspects of problem solving. The student must clearly be more than "a pair of hands".

Students in academic difficulty do not qualify for research fellowships. Also students who will be entering their 3rd or 4th year of medical school next fall are ineligible for financial support from the program as are students who are enrolled in a program leading to a Ph.D. in the biomedical sciences or related areas. All undergrads must provide one (1) certified transcript of their current grade standing. Deadline for receipt of applications in the Office of Student Medical Research is February 1, 1988.

SPECIFIC INSTRUCTIONS  
(Please follow carefully)

1. The student is responsible for assuring that all portions of the application are received before the deadline of 4:00 p.m. February 1, 1988.
2. The student should prepare the first pages of the application and the proposal. This material should be presented to the advisor for signature. The last page should be given to the advisor for completion and confidential transmission to the Committee. The two portions may be submitted separately or together.
3. The actual proposal must be typed on 8 1/2" by 11" paper using adequate margins. Only two sheets of paper maximum may be used, with typing on one side only. References only may be typed on a third sheet if additional space is needed. The Committee staff will obliterate ANY text (other than references) appearing on the third sheet. Since such action may render your proposal illogical, DON'T EXCEED THE TWO PAGE LIMIT FOR TEXT.

Double-spaced proposals are preferred but obviously it is possible to present more material with single spacing. However, in previous years shorter proposals that are good have succeeded while longer proposals often suffered from extraneous material and failed. It is not necessary for the student to have done the actual typing. The use of a secretary's services (discuss with your advisor) is permitted. The applicant's name should appear in the upper right-hand corner of each page.

4. The proposal must be agreeable to your advisor. The following outline should be used:
  - A. Specific aims.
  - B. Research plan (include methods in your discussion).
  - C. Previous work related to this problem by others and by yourself (cite references).
  - D. Significance of proposed research.
5. This year we will assess to what extent the advisor wrote the proposal. This data will be used in future years to aid the Committee in developing various regulations. Some credit generally is given by reviewers to students who prepare the proposal essentially independently. However, it is much more important to have a well-written proposal.
6. One original and 7 high quality copies of all materials must be received in the Committee Office by the deadline. Exceptions are granted in extreme cases only (such as documented hospitalization for a substantive time in January). Undergraduates must include one certified transcript of their current grade standing when turning in all materials. Make an additional copy for yourself to keep. Allow adequate time if the U.S. or campus mails are used.

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL  
STUDENT MEDICAL RESEARCH PROGRAM  
Medical Administration  
M7330 Medical Science I Box 0624  
936-1494

STUDENT RESEARCH FELLOWSHIP APPLICATION

Applicant is to prepare pages 1 and 2 of this form and the proposal. Both applicant and Research Advisor are to sign page 2 of this form. The original is to be signed by the Research Supervisor who will complete and sign page 3. See accompanying instructions.

Applicant's Name

Date of Application

Mailing Address-street, city, state, zip Fellowship Start & End Dates

Telephone Number

Research Supervisor (Name & Title)

Social Security with Student ID Department (Office & Phone Numbers)

Class: Expected Graduation Date & Degree

(Check one) Medical School M-1            M-2           

Inteflex I-1            I-2            I-3            I-4           

Undergraduate            List College and Status           

Accepted to U/M Medical School            Will you attend? Yes            No           

Descriptive Title of Proposed Research:

The student's previous experience (here or elsewhere). Describe briefly (include dates).

Date

Applicant's Signature

Date

Research Supervisor's Signature

---

Student Name

This page is confidential. It does not go to reviewers.

We are not always able to provide funding to all deserving students. In order to ensure that all possible funding sources are available to you, please provide the information requested below:

Michigan Resident \_\_\_\_\_ Non Resident \_\_\_\_\_ If non-resident please indicate permanent address \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_ (See listing of race codes below.)  
(Optional)

RACE CODES

- A - Black American
- B - Black
- I - American Indian
- W - White
- O - Asian or Pacific Islander
- M - Hispanic-Mexican, American or Chicano
- P - Hispanic-Puerto Rican (Mainland)
- R - Hispanic-Puerto Rican (Commonwealth)
- C - Hispanic-Cuban
- H - Hispanic-Other

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Supervisor's Name

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Applicant's Name

SUPPORTING STATEMENT FROM RESEARCH SUPERVISOR  
STUDENT RESEARCH FELLOWSHIP APPLICATION

Please describe the interaction of the supervisor, other individuals, and the student in the research program. Also summarize the major educational benefits to be derived. This page is to be returned by the prospective research supervisor directly to the Office of Student Medical Research, Medical Administration, M7330 Med. Sci. 1 Box C624.

COMMENTARY:

1. How long and how well have you known the applicant?
2. To what degree was the proposal suggested by you?
3. To what extent was the proposal written by you? (This question will help us develop regulations for future years.)
4. To what degree will the applicant proceed independently?
5. Estimate the applicant's overall research potential:  
Superior \_\_\_\_\_ Very good \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

The Research Supervisor agrees not only to supervise the student's research accomplishments and to assure that the student's final report is submitted to the Office of Student Medical Research within two weeks of the ending date of the appointment period in order to permit final payment of the student's stipend.

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Signature of Supervisor