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## 990-PF

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0052

Open to Public Inspection

	POT 0	calend	aar year 2012 or tax year beginning ,	ana enaing				
	Nan	ne of fo	undation			A Emp	loyer identification number	
	~	DEC.	a oniny favily normalization			20	0007056	
			G ORLEY FAMILY FOUNDATION  d street (or PO box number if mail is not delivered to street address)	3	32-0087856			
			O N WOODWARD STE 130	<b>'</b>	Room/suite		phone number (see instruction 8 - 5 4 0 - 8 0 4 0	s)
			s, state, and ZIP code	l		23	0 340 0040	
			MFIELD HILLS MI 48304			C If exe	emption application is pending	check here
			·	rn of a former public c	harity	D 1 F	oreign organizations, check he	ere •
	•		Final return Amended	•		j		
			Address change Name cha				oreign organizations meeting t 5% test, check here and attact	
		<u> </u>				-		
			type of organization: X Section 501(c)(3) exempt private				rate foundation status was terr on 507(b)(1)(A), check here	minated under
				e private foundation		1		
			ket value of all assets at J Accounting method	X Cash Ac	cruai		foundation is in a 60-month to r section 507(b)(1)(B), check h	. [ **]
2013			ear (from Part II, col. (c),	h \				
2		e 16) l i <b>rt l</b>			1	<u> </u>	Γ	(d) Disbursements
ز=2	Га		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	for chantable purposes
•			the amounts in column (a) (see instructions) )	books	incor	<u> </u>	income	(cash basis only)
130		1	Contributions, gifts, grants, etc., received (attach schedule)	200,000	0			
رت		2	Check ▶ ☐ if the foundation is <b>not</b> required to attach Sch. B					
9		3	Interest on savings and temporary cash investments					
2		4	Dividends and interest from securities					
Z		5a	Gross rents	<u> </u>				
SCANNED	<u>. o</u>	b	Net rental income or (loss)				<u> </u>	
V2	Revenue	6a	Net gain or (loss) from sale of assets not on line 10		<del> </del>			
	ě.	þ	Gross sales price for all assets on line 6a		<del> </del>			<u></u>
	ď	7	Capital gain net income (from Part IV, line 2)			// Q		
		8	Net short-term capital gain		<del> </del>			
		9	Income modifications		<del> </del>		0.40	<del></del>
		10a	Gross sales less returns and allowances		<del>                                     </del>	/ <b>`</b>	\$ 2040 T	2/
		b	Less: Cost of goods sold		╂		2 61113	<u>                                    </u>
		C	Gross profit or (loss) (attach schedule)		<del> </del>			<del>                                   </del>
		11	Other income (attach schedule)	200,000	<del></del>	0	0	<del>/</del>
		12 13	Total. Add lines 1 through 11  Compensation of officers, directors, trustees, etc	<del></del>	0			
	es	14	Other employee salaries and wages		<del>-</del>			
	benses	15	Pension plans, employee benefits				· — — — —	
	pe	16a	Legal fees (attach schedule)		1	<u> </u>		
	EX	b	Accounting fees (attach schedule)		<del></del>		·	
	Ve	c	Other professional fees (attach schedule)					
	ati	17	Interest					
	str	18	Taxes (attach schedule) (see instructions)					
	ini	19	Depreciation (attach schedule) and depletion					
	dm	20	Occupancy					
	Ă	21	Travel, conferences, and meetings					
	ī	22	Printing and publications					
	Ö	23	Other expenses (att. sch.)			_	ļ	
	tin	24	Total operating and administrative expenses.					
	Operating and Administrative Ex		Add lines 13 through 23		0	0	0	0
	dC	25	Contributions, gifts, grants paid		<u> </u>		<u> </u>	0
		26	Total expenses and disbursements. Add lines 24 and 25		0	0	0	0
		27	Subtract line 26 from line 12:					
		а	Excess of revenue over expenses and disbursements	200,000	0		<b></b>	
		b	Net investment income (if negative, enter -0-)		<del> </del>	0	<del> </del>	
			Adjusted net income (if negative, enter -0-)	I	1		1 0	I

For Paperwork Reduction Act Notice, see instructions.

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3 3 Other increases not included in line 2 (itemize) ▶ 200,000 4 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 200,000 6

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

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Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income			
	scribe the kind(s) of property sold (e.g., real estate, warehouse, or common stock, 200 shs MLC Co.)	·	(b) How acquired P – Purchase D – Donation	(c) Date acc (mo , day,	
1a N/A					
b					
<u>c</u>	<del></del>				<del>-  </del>
d			_		
е		T			(h) Course (fees)
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		Cost or other basis s expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)
a					<del></del>
b		<del> </del> -			<del></del>
С		<del>- </del>			
<u>d</u>					
Complete only for assets showing	I. g gain in column (h) and owned by the fo	undation on 12/31	/69		
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k)	Excess of col (i) ver col (j), if any	col (l	Gains (Col. (h) gain minus k), but not less than -0-)or Losses (from col. (h))
a					
b		_			
С			_		
d					
e				<u> </u>	
2 Capital gain net income or (net ca	apital loss)  If gain, also enter in If (loss), enter -0- in		}	2	
If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) and (6 , column (c) (see instructions). If (loss), e		}		
Part I, line 8	<del></del>		<u></u>	3	<del></del>
	nder Section 4940(e) for Reduc			ie	· · · · · · · · · · · · · · · · · · ·
f section 4940(d)(2) applies, leave th	foundations subject to the section 4940( iis part blank. iion 4942 tax on the distributable amount				Yes <b>X</b> No
f "Yes," the foundation does not qual	ify under section 4940(e) Do not comple	te this part.			
1 Enter the appropriate amount in e	each column for each year; see the instru	ictions before mal	king any entries		
(a)  Base period years  Calendar year (or tax year beginning	(b) Adjusted qualifying distribution	ns Ne	(c) et value of nonchantable-use asse	ets	(d) Distribution ratio (col (b) divided by col (c))
2011					
2010					
2009				573	
2008		4,736	19,		1.811242
2007		4,490	38,	925	0.115350
2 Total of line 1, column (d)				2	1.926592
3 Average distribution ratio for the	5-year base period – divide the total on li	ne 2 by 5, or by th	ne		
number of years the foundation h	nas been in existence if less than 5 years			3	0.963296
4 Enter the net value of noncharita	ble-use assets for 2012 from Part X, line	5		4	16,410
5 Multiply line 4 by line 3		•		5	15,813
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)	•		6	
7 Add lines 5 and 6				7	15,813
8 Enter qualifying distributions from				8	
If line 8 is equal to or greater thai	n line 7, check the box in Part VI, line 1b,	and complete tha	it part using a 1% tax rate.	. See the	

Part VI instructions

Form	990-PF (2012) GREGG ORLEY FAMILY FOUNDATION 32-0087856		F	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b).			_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0
6	Credits/Payments.			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a			
b	Exempt foreign organizations – tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. if the total of lines 5 and 8 is more than line 7, enter amount owed		_	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be. Credited to 2013 estimated tax▶ Refunded ▶ 11			
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			,,
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers  \$			<b>.</b>
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	,		<b>.</b>
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes." has it filed a tax return on Form 990-T for this year?	4a_		
ь -	, co, need a minute a minu	4b 5		x
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-		
	If "Yes," attach the statement required by General Instruction T.  Are the requirements of section FOR(s) (relating to sections 4941 through 4945) satisfied either:			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>			
	conflict with the state law remain in the governing instrument?	6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
7	Enter the states to which the foundation reports or with which it is registered (see instructions)			_
8a	MI			
<b>L</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	x	
0	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
9	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"			[
	complete Part XIV	9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			m
10	names and addresses	10		х
	numos sus sees sees	Form 99	0-PF	

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_ <u>Pa</u>	art VII-B Statements Reg	arding Activities for Which Form	n 4720 May Be Re	quired (continue	d)		
5a	During the year did the foundation p	ay or incur any amount to:		_			
	• •	vise attempt to influence legislation (section		∐ Yes	X No	1 1	
	(2) Influence the outcome of any sp	pecific public election (see section 4955); or	to carry on,				
	directly or indirectly, any voter r	egistration drive?		Yes		1 1	
	(3) Provide a grant to an individual	for travel, study, or other similar purposes?		Yes	X No	1 1	
	(4) Provide a grant to an organizati	on other than a charitable, etc., organization	n described in				
	section 509(a)(1), (2), or (3), or	section 4940(d)(2)? (see instructions)		Yes	X No		
		han religious, charitable, scientific, literary, o	or educational	,			
		of cruelty to children or animals?		Yes	X No		
b	If any answer is "Yes" to 5a(1)–(5),	did <b>any</b> of the transactions fail to qualify und	der the exceptions desc	cribed in		1	ł
	Regulations section 53.4945 or in a	current notice regarding disaster assistance	e (see instructions)?		N/A	5b	
		iotice regarding disaster assistance check h			▶ [_]		
C	If the answer is "Yes" to question 5a	a(4), does the foundation claim exemption fr	om the tax	4- 🗔			
	because it maintained expenditure i	esponsibility for the grant?		N/A 🗌 Yes	i No		
	If "Yes," attach the statement require	ed by Regulations section 53.4945–5(d).				. 1	[
6a	Did the foundation, during the year,	receive any funds, directly or indirectly, to p	pay premiums			ı	
	on a personal benefit contract?			Yes	X No		
b	Did the foundation, during the year,	pay premiums, directly or indirectly, on a pe	ersonal benefit contract	?		6b	X
	If "Yes" to 6b, file Form 8870.						
7a		the foundation a party to a prohibited tax s		Yes		.	
<u> </u>		any proceeds or have any net income attribu			N/A	7b	
Pa		it Officers, Directors, Trustees, F	oundation Manag	jers, Highly Paid	i Employee:	5,	
	and Contractors		43 4 1 4	47 >			
	LIST All Officers, directors, trustees	, foundation managers and their compo	ensation (see instruc				
			(b) Title, and average	(c) Compensation	d) Contributions to employee benefit	(e) Expe	ense account,
	(a) Nan	ne and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred compensation	other	allowances
	UEGO ORI BU	DI COLUMNIA DI LIVIA	PRESIDENT		отренации		
	EGG ORLEY	BLOOMFIELD HILLS MI 48304	0.10	٥	0		0
-40	90 WOODWARD STE 130	MI 46304	0.10				
			<b> </b>				
	·						<del>-</del>
			}				
						<del>                                     </del>	
•	•	•					
	Compensation of five highest-pa	aid employees (other than those include	ed on line 1 – see ins	tructions). If none.	enter	<u> </u>	
_	"NONE."	ina omproyoco (omor unan moss mensas		,			
			(b) Title, and average		d) Contributions to		
	(a) Name and address of each em	ployee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense account, allowances
			devoted to position		compensation	Outer	allowallocs
NC	NE						
							_
							,
			<u> </u>				
						<u> </u>	
						<u> </u>	
					·		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
Tota	I number of other employees paid over	er \$50,000				<b>&gt;</b>	0

Form 990-PF (20	12) GREGG ORLEY FAMILY FOUNDATION	32-0087856	Page 7
Part VIII	Information About Officers, Directors, Trustees, Founda and Contractors (continued)	tion Managers, Highly Paid En	nployees,
3 Five highe	est-paid independent contractors for professional services (see instru	ctions). 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		<b>•</b>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct chantable activities during the tax year. Include relevant statistical information subther beneficiaries served, conferences convened, research papers produced, etc.	uch as the number of	Expenses
1 N/A			
•			
2			
3 .		•	
4	•		
Dowl IV B	Comment of Brown Roleted Investments (see instruct	tions)	
Part IX-B	Summary of Program-Related Investments (see instruct rgest program-related investments made by the foundation during the tax year on lines 1 and 2	lions)	Amount
1 N/A	gest program related in recentation meson by a long and acting are acting and acting acting and acting acting and acting actin		70110011
2			
	·		
All other program-re	elated investments. See instructions		
3			

Total. Add lines 1 through 3

Amounts set aside for specific charitable projects that satisfy the

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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

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

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

Suitability test (prior IRS approval required)

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

Cash distribution test (attach the required schedule)

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3b

4

5

6

3

5

6

Pi	art XIII Undistributed Income (see instructions)				
4	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
•	line 7				821
2	Undistributed income, if any, as of the end of 2012:			<del></del>	021
	Enter amount for 2011 only				
	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2012:				
-	From 2007 458				
	From 2008 33,777	-1 ,			
	From 2009				
	From 2010	1 1			
	From 2011	1			
	Total of lines 3a through e	34,235			
4	· ·	34,233		<del> </del>	
•	Qualifying distributions for 2012 from Part XII, line 4. ▶ \$	1			
-	Applied to 2011, but not more than line 2a	}	Ì		
	Applied to undistributed income of prior years	<u> </u>		<del></del> ,	
U	• •				
_	(Election required – see instructions)	<del> </del>	<del></del>	<del> </del>	
C	Treated as distributions out of corpus (Election				
_	required – see instructions)	<u> </u>			
	Applied to 2012 distributable amount	<del>-</del>			
-	Remaining amount distributed out of corpus	821		· ·-	921
•	Excess distributions carryover applied to 2012	821			821
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
•	Enter the net total of each column as				
_	indicated below:	22 414			
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	33,414			
D	Prior years' undistributed income. Subtract				
_	line 4b from line 2b				
С	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				
a	Subtract line 6c from line 6b. Taxable				
_	amount – see instructions				
е	Undistributed income for 2011. Subtract line				
	4a from line 2a. Taxable amount – see				
	instructions			·	
ī	Undistributed income for 2012 Subtract lines				
	4d and 5 from line 1. This amount must be				0
,	distributed in 2013				
,	Amounts treated as distributions out of corpus				i I
	to satisfy requirements imposed by section				
,	170(b)(1)(F) or 4942(g)(3) (see instructions)				<del>_</del>
3	Excess distributions carryover from 2007 not				
	applied on line 5 or line 7 (see instructions)				
,	Excess distributions carryover to 2013.	33 414			
	Subtract lines 7 and 8 from line 6a	33,414		· <del>-</del>	
0	Analysis of line 9.				ı
a	Excess from 2008 33,414				
b	Excess from 2009				
C	Excess from 2010				
d	Excess from 2011				
е	Excess from 2012				

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Part XV Supplementary Information (cor	itinuea)			
3 Grants and Contributions Paid During the	Year or Approved for Fu	ture 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	reapient		
a Paid during the year				
N/A				
			-	
			1	
			1	
			1	
			1	
			1	
			1	
		1		
			1	
			1	
			1	
		1	1	
			1	
			1	
			1	
			1	
			1	
Total			▶ 3a	
b Approved for future payment			1	
b Approved for future payment N/A				
			]	
			]	
		1		
			1	
Total		·	<b>▶</b> 3b	-
i Otal	·			<del></del> -

Page	1	2
raue		~

Part XVI-A	Analysis of Income-Producing Activ	/ities				
	ounts unless otherwise indicated.	_	ed business income	Exclude	d by section 512, 513, or 514	
-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions )
1 Program se				<del>                                     </del>		
				<del> </del>		
				┼		
		-		<del> </del>		
				+		
_		-		<del> </del>		
f			-	-		
	nd contracts from government agencies			<del>                                     </del>		
•	o dues and assessments			+	,	
	savings and temporary cash investments ind interest from securities			<u> </u>		· · · · · ·
	•			+		
	ncome or (loss) from real estate:  nanced property			<del>                                     </del>		
	nanced property					
	ncome or (loss) from personal property					· · · · · · · · · · · · · · · · · · ·
7 Other inves				<del>                                     </del>		
	s) from sales of assets other than inventory					
	or (loss) from special events					
	or (loss) from sales of inventory			<del>                                     </del>		
•	ue: a					
				<b> </b>		
e						<del></del>
12 Subtotal Ac	dd columns (b), (d), and (e)		0		0	0
	ine 12, columns (b), (d), and (e)			1	13	0
	in line 13 instructions to verify calculations.)				-	
Part XVI-B		omplishme	nt of Exempt Pu	rposes		
Line No.	Explain below how each activity for which income is				ed importantly to the	
▼	accomplishment of the foundation's exempt purpose	•	, ,		, -	.)
3	PROVIDES ADDITIONAL FUNDS	TO DIS	TRIBUTE			
			<del></del>			
		<del>_</del> _		<del></del>		<del></del>
						<del></del> -
		<del></del>			<del></del>	
<u>.</u>				<u>-</u>		
<del></del>		· · ·		<del></del> -		
_ <del></del>					<del>- · · · · · · · · · · · · · · · · · · ·</del>	
						<del> </del>
	L					·

Par	t XVII	Exempt Organiza	. •	insfers To and	Iransaction	s and Relationship	ps with Noncharitab	ie		
1 [	Did the orga			e in any of the follow	ving with any oth	er organization describe	ed	$\neg$	Yes	No
	_			•	_	on 527, relating to politic				
	organization	_		00 . (0)(0) 0. ga	2	g pa		İ		
	•	om the reporting founda	ation to a nor	ncharitable exempt	organization of:					
	(1) Cash	, ,						1a(1)		х
	(2) Other a	ssets						1a(2)		X
	Other trans									
(	(1) Sales o	of assets to a noncharita	ble exempt o	organization				1b(1)		X
(	(2) Purcha	ses of assets from a no	ncharitable e	exempt organization	l			1b(2)		Х
(	(3) Rental	of facilities, equipment,	or other asse	ets				1b(3)		X
(	(4) Reimbu	rsement arrangements					·	1b(4)		X
(	( <b>5</b> ) Loans (	or loan guarantees						1b(5)		X
(	(6) Perform	nance of services or me	mbership or	fundraising solicitat	ions			1b(6)		X
c S	Sharing of f	acılıties, equipment, ma	ılıng lists, oth	ner assets, or paid e	employees			1c		X
d I	f the answe	er to any of the above is	"Yes," comp	lete the following s	chedule Column	(b) should always show	v the fair market			
		-				e foundation received les				
\	value in any	transaction or sharing	arrangement	t, show in column (c	d) the value of th	e goods, other assets, o	r services received.			
	) Line no	(b) Amount involved	(c) Nam	ne of nonchantable exem	pt organization	(d) Description of	of transfers, transactions, and shan	ng arrangem	ents	
I/A		<b>_</b>							_	
			<del> </del>							
		<del> </del>	<del>                                     </del>							
		<b></b>	<u> </u>		<u> </u>					
-			<del></del>							
			<del>                                     </del>		···					
		<del>                                     </del>	<del>                                     </del>							
					<u> </u>	<u> </u>				
			<del> </del>				# · ·			—
	-		<del></del>							
		_	<del> </del>							
		-						-		
				<del></del> .	<del></del>	<u></u>				
22	s the found	Lation directly or indirect	ly affiliated w	ith or related to or	ne or more tax-ex	rempt organizations		<del></del>	-	
		n section 501(c) of the C	•					☐ Y(	es X	No
		nplete the following sch	·	nan section con(o)(	0,, 0, 11, 00011011	J		· ·		
		(a) Name of organization	<u></u>	(b) Type of o	rganization		(c) Description of relationship			
N	/A									
	<i>,</i> <u> </u>									
									-	
								_		
	Under pe	naities of perjury, I declare the	at I have examin	ned this return, including	accompanying sche	dules and statements, and to t	the best of my knowledge and beli	ef, it is true,		
	correct, a	ind complete. Declaration of p	reparer (otner tr	nan taxpayer) is based o	m all information of w	rhich preparer has any knowle	May the IRS	discuss this r	etum	
ign							with the prep	arer shown b	elow Yes	No
lere		(0.40.00				2	<u> </u>	Olis)/	163	
	<b>                                     </b>	pungy	c. sla	7		3.20.12	PRESIDENT			
	Sign	nature of officer or trustee		, 	Date	<b>/</b> 1	Title			
	Pnnt/T	ype preparer's name			Preparer's signatu	re	Dat	te	Check	
									self-em	ployed
aid		N E. BONWELL			SHAUN E.			/19/13		
repai	Firm's	name ► BONWE		ELLEY & AS	SOCIATES	S, P.C.		00181		
lse O	Firm's		DORIS					8-35 <u>1</u>		
		AUBUR	N HILI	LS, MI 48	326-2613		Phone no 2	48-21		
								Form 99	JU-PF	(2012)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

2012

GREGG ORLEY FAMILY FOUNDATION

Employer identification number

GREGG ORLEY F	'AMILY FOUNDATION	32-0087856					
Organization type (check or							
Filers of:	Section:						
Form 990 or 990-EZ							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	<b>X</b> 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
		_					
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	. See					
General Rule							
	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mone ne contributor. Complete Parts I and II.	ey or					
Special Rules							
under sections 509(a	3) organization filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the regulation (1) (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution (1) 2% of the amount on (1) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.						
during the year, total	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
during the year, cont not total to more thar year for an exclusive applies to this organi	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.						
990-EZ, or 990-PF), but it mu	It is not covered by the General Rule and/or the Special Rules does not file Schedule B (Foust answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 99F, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-E2)	90-EZ or on					

Page 1 of 1 of Part I

Name of organization GREGG ORLEY FAMILY FOUNDATION **Employer identification number** 

32-0087856

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GREGG AND HARRIET ORLEY 335 BARDEN BLOOMFIELD HILLS MI 48304	\$ 200,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	raine, address, and En · ·	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ .	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ .	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)